

| United States Bankruptcy Court<br>Northern District of Illinois   |  | Voluntary Petition   |  |  |  |
|---|--|--|--|--|--|
| Name of Debtor (if individual, enter Last, First, Middle):<br><b>Galbreath, Marshall L</b>  |  | Name of Joint Debtor (Spouse) (Last, First, Middle):<br><b>Galbreath, Renae M</b>  |  |  |  |
| All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):  |  | All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):<br><b>FKA Renae M Foster; FKA Renae M Fullilove; AKA Renae Fullilove Galbreath</b>  |  |  |  |
| Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all)<br><b>xxx-xx-0991</b>   |  | Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all)<br><b>xxx-xx-3384</b>  |  |  |  |
| Street Address of Debtor (No. and Street, City, and State):<br><b>2543 W. 117th Street<br/>Chicago, IL</b>  |  | Street Address of Joint Debtor (No. and Street, City, and State):<br><b>2543 W. 117th Street<br/>Chicago, IL</b>   |  |  |  |
| ZIP Code<br><b>60655</b>  |  | ZIP Code<br><b>60655</b>   |  |  |  |
| County of Residence or of the Principal Place of Business:<br><b>Cook</b>   |  | County of Residence or of the Principal Place of Business:<br><b>Cook</b>  |  |  |  |
| Mailing Address of Debtor (if different from street address):   |  | Mailing Address of Joint Debtor (if different from street address):  |  |  |  |
| ZIP Code  |  | ZIP Code   |  |  |  |
| Location of Principal Assets of Business Debtor (if different from street address above):   |  |  |  |  |  |
| <b>Type of Debtor</b><br>(Form of Organization) (Check one box)   |  | <b>Nature of Business</b><br>(Check one box)   |  | <b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check one box)  |  |
| <input checked="" type="checkbox"/> Individual (includes Joint Debtors)<br><i>See Exhibit D on page 2 of this form.</i><br><input type="checkbox"/> Corporation (includes LLC and LLP)  |  | <input type="checkbox"/> Health Care Business  |  | <input type="checkbox"/> Chapter 7   |  |
| <input type="checkbox"/> Partnership  |  | <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B)  |  | <input type="checkbox"/> Chapter 9   |  |
| <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)   |  | <input type="checkbox"/> Railroad  |  | <input type="checkbox"/> Chapter 11  |  |
|   |  | <input type="checkbox"/> Stockbroker   |  | <input type="checkbox"/> Chapter 12  |  |
|   |  | <input type="checkbox"/> Commodity Broker  |  | <input type="checkbox"/> Chapter 13  |  |
|   |  | <input type="checkbox"/> Clearing Bank   |  |  |  |
|   |  | <input type="checkbox"/> Other   |  |  |  |
| <b>Chapter 15 Debtors</b><br>Country of debtor's center of main interests:  |  | <b>TAX-EXEMPT ENTITY</b><br>(Check box, if applicable)   |  | <b>Nature of Debts</b><br>(Check one box)  |  |
|   |  | <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).   |  | <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." |  |
|   |  |  |  | <input type="checkbox"/> Debts are primarily business debts.   |  |
| <b>Filing Fee</b> (Check one box)   |  | Check one box:   |  | <b>Chapter 11 Debtors</b>  |  |
| <input checked="" type="checkbox"/> Full Filing Fee attached  |  | <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D).   |  |  |  |
| <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A.   |  | <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D).   |  |  |  |
|   |  | Check if:  |  |  |  |
|   |  | <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 ( <i>amount subject to adjustment on 4/01/16 and every three years thereafter</i> ). |  |  |  |
|   |  | Check all applicable boxes:  |  |  |  |
|   |  | <input type="checkbox"/> A plan is being filed with this petition.   |  |  |  |
|   |  | <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).   |  |  |  |
| <b>Statistical/Administrative Information</b>   |  |  |  |  |  |
| <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors.   |  |  |  |  |  |
| <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.  |  |  |  |  |  |
| Estimated Number of Creditors   |  |  |  |  |  |
| <input type="checkbox"/> 1-49 <input checked="" type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> OVER 100,000  |  |  |  |  |  |
| Estimated Assets  |  |  |  |  |  |
| <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input checked="" type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion |  |  |  |  |  |
| Estimated Liabilities   |  |  |  |  |  |
| <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input checked="" type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion |  |  |  |  |  |
| THIS SPACE IS FOR COURT USE ONLY  |  |  |  |  |  |

|   |               |  |
|---|---------------|--|
| <b>Voluntary Petition</b><br><i>(This page must be completed and filed in every case)</i>   |               | Name of Debtor(s):<br><b>Galbreath, Marshall L</b><br><b>Galbreath, Renea M</b>  |
| <b>All Prior Bankruptcy Cases Filed Within Last 8 Years</b> (If more than two, attach additional sheet)   |               |  |
| Location<br>Where Filed: <b>- None -</b>  | Case Number:  | Date Filed:  |
| Location<br>Where Filed:  | Case Number:  | Date Filed:  |
| <b>Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor</b> (If more than one, attach additional sheet)  |               |  |
| Name of Debtor:<br><b>- None -</b>  | Case Number:  | Date Filed:  |
| District:   | Relationship: | Judge:   |
| <b>Exhibit A</b>  |               | <b>Exhibit B</b><br>(To be completed if debtor is an individual whose debts are primarily consumer debts.)<br>I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b). |
| <input type="checkbox"/> Exhibit A is attached and made a part of this petition.  |               | <b>X /s/ Lorraine M. Greenberg</b> <b>January 31, 2015</b><br>Signature of Attorney for Debtor(s) (Date)<br><b>Lorraine M. Greenberg 3129023</b>   |
| <b>Exhibit C</b><br>Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?  |               |  |
| <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition.<br><input checked="" type="checkbox"/> No.  |               |  |
| <b>Exhibit D</b><br>(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)  |               |  |
| <input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition.<br>If this is a joint petition:<br><input checked="" type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.   |               |  |
| <b>Information Regarding the Debtor - Venue</b><br>(Check any applicable box)   |               |  |
| <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.<br><input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.<br><input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District. |               |  |
| <b>Certification by a Debtor Who Resides as a Tenant of Residential Property</b><br>(Check all applicable boxes)  |               |  |
| <input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)   |               |  |
| <hr/> (Name of landlord that obtained judgment)   |               |  |
| <hr/> (Address of landlord)   |               |  |
| <input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and<br><input type="checkbox"/> Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.<br><input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).  |               |  |

B1 (Official Form 1)(04/13)

**Voluntary Petition**

(This page must be completed and filed in every case)

Name of Debtor(s):

**Galbreath, Marshall L****Galbreath, Renea M****Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.  
 [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.  
 [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X /s/ Marshall L Galbreath**Signature of Debtor **Marshall L Galbreath****X /s/ Renea M Galbreath**Signature of Joint Debtor **Renea M Galbreath**

Telephone Number (If not represented by attorney)

**January 31, 2015**

Date

**Signature of Attorney\*****X /s/ Lorraine M. Greenberg**

Signature of Attorney for Debtor(s)

**Lorraine M. Greenberg 3129023**

Printed Name of Attorney for Debtor(s)

**Lorraine M. Greenberg**

Firm Name

**150 N. Michigan Avenue  
Suite 800  
Chicago, IL 60601**

Address

**Email: lgreenberg@greenberglaw.net****312-588-3330 Fax: 312-264-5620**

Telephone Number

**January 31, 2015**

Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

**Signature of Debtor (Corporation/Partnership)**

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X**

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

**Signature of a Foreign Representative**

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.

Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

**X**

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

**Signature of Non-Attorney Bankruptcy Petition Preparer**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)

Address

**X**

Date

Signature of bankruptcy petition preparer or officer, principal, responsible person,or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

*A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.*

B 1D (Official Form 1, Exhibit D) (12/09)

**United States Bankruptcy Court  
Northern District of Illinois**

In re Marshall L Galbreath  
Renea M Galbreath

Debtor(s)

Case No.  
Chapter 7

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH  
CREDIT COUNSELING REQUIREMENT**

**Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.**

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]* \_\_\_\_\_

**If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.**

4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

Active military duty in a military combat zone.

5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

**I certify under penalty of perjury that the information provided above is true and correct.**

Signature of Debtor: /s/ Marshall L Galbreath

**Marshall L Galbreath**

Date: January 31, 2015

B 1D (Official Form 1, Exhibit D) (12/09)

**United States Bankruptcy Court  
Northern District of Illinois**

In re Marshall L Galbreath  
Renea M Galbreath

Debtor(s)

Case No.  
Chapter

7

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH  
CREDIT COUNSELING REQUIREMENT**

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*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]* \_\_\_\_\_

**If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.**

4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

Active military duty in a military combat zone.

5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

**I certify under penalty of perjury that the information provided above is true and correct.**

Signature of Debtor: /s/ Renea M Galbreath  
Renea M Galbreath

Date: January 31, 2015

**United States Bankruptcy Court  
Northern District of Illinois**

In re **Marshall L Galbreath,  
Renea M Galbreath**

Case No. \_\_\_\_\_

Debtors

Chapter \_\_\_\_\_

**7**

**SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

| NAME OF SCHEDULE  | ATTACHED<br>(YES/NO) | NO. OF<br>SHEETS  | ASSETS            | LIABILITIES       | OTHER           |
|---|----------------------|-------------------|-------------------|-------------------|-----------------|
| A - Real Property   | <b>Yes</b>           | <b>1</b>          | <b>255,000.00</b> |                   |                 |
| B - Personal Property   | <b>Yes</b>           | <b>4</b>          | <b>44,040.85</b>  |                   |                 |
| C - Property Claimed as Exempt  | <b>Yes</b>           | <b>2</b>          |                   |                   |                 |
| D - Creditors Holding Secured Claims  | <b>Yes</b>           | <b>2</b>          |                   | <b>241,656.17</b> |                 |
| E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E) | <b>Yes</b>           | <b>2</b>          |                   | <b>0.00</b>       |                 |
| F - Creditors Holding Unsecured Nonpriority Claims                              | <b>Yes</b>           | <b>18</b>         |                   | <b>115,110.72</b> |                 |
| G - Executory Contracts and Unexpired Leases                                    | <b>Yes</b>           | <b>1</b>          |                   |                   |                 |
| H - Codebtors   | <b>Yes</b>           | <b>1</b>          |                   |                   |                 |
| I - Current Income of Individual Debtor(s)                                      | <b>Yes</b>           | <b>2</b>          |                   |                   | <b>5,498.88</b> |
| J - Current Expenditures of Individual Debtor(s)                                | <b>Yes</b>           | <b>2</b>          |                   |                   | <b>5,496.53</b> |
| Total Number of Sheets of ALL Schedules   |                      | <b>35</b>         |                   |                   |                 |
|   | Total Assets         |                   | <b>299,040.85</b> |                   |                 |
|   |                      | Total Liabilities |                   | <b>356,766.89</b> |                 |

**United States Bankruptcy Court  
Northern District of Illinois**

In re **Marshall L Galbreath,  
Renea M Galbreath**

Case No. \_\_\_\_\_

Debtors

Chapter \_\_\_\_\_

**7**

**STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

**This information is for statistical purposes only under 28 U.S.C. § 159.**

**Summarize the following types of liabilities, as reported in the Schedules, and total them.**

| Type of Liability   | Amount      |
|---|-------------|
| Domestic Support Obligations (from Schedule E)  | <b>0.00</b> |
| Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)  | <b>0.00</b> |
| Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed) | <b>0.00</b> |
| Student Loan Obligations (from Schedule F)  | <b>0.00</b> |
| Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E                   | <b>0.00</b> |
| Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)                           | <b>0.00</b> |
| TOTAL   | <b>0.00</b> |

**State the following:**

|   |                 |
|---|-----------------|
| Average Income (from Schedule I, Line 12)   | <b>5,498.88</b> |
| Average Expenses (from Schedule J, Line 22)   | <b>5,496.53</b> |
| Current Monthly Income (from Form 22A-1 Line 11; OR, Form 22B Line 14; OR, Form 22C-1 Line 14 ) | <b>6,670.30</b> |

**State the following:**

|  |             |                   |
|--|-------------|-------------------|
| 1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column               |             | <b>7,098.00</b>   |
| 2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column             | <b>0.00</b> |                   |
| 3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column |             | <b>0.00</b>       |
| 4. Total from Schedule F   |             | <b>115,110.72</b> |
| 5. Total of non-priority unsecured debt (sum of 1, 3, and 4)               |             | <b>122,208.72</b> |

In re **Marshall L Galbreath,  
Renea M Galbreath**

Case No. \_\_\_\_\_

Debtors

## SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

**Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

| Description and Location of Property              | Nature of Debtor's Interest in Property | Husband, Wife, Joint, or Community | Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption | Amount of Secured Claim |
|---|---|------------------------------------|--|-------------------------|
| single family home, purchased 2008; pp. \$240,000 | homestead                               | J                                  | 255,000.00   | 206,622.17              |

Sub-Total > **255,000.00** (Total of this page)

Total > **255,000.00**

(Report also on Summary of Schedules)

0 continuation sheets attached to the Schedule of Real Property

In re **Marshall L Galbreath,  
Renea M Galbreath**

Case No. \_\_\_\_\_

Debtors

## SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

**Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

| Type of Property   | N<br>O<br>N<br>E | Description and Location of Property  | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of<br>Debtor's Interest in Property,<br>without Deducting any<br>Secured Claim or Exemption |
|--|------------------|---|---|---|
| 1. Cash on hand  |                  | <b>cash on hand</b>   | J   | <b>10.00</b>  |
| 2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives. |                  | <b>savings account at Bank of America</b>   | J   | <b>1.00</b>   |
|  |                  | <b>checking account at JP Morgan Chase Bank</b>   | J   | <b>54.85</b>  |
| 3. Security deposits with public utilities, telephone companies, landlords, and others.  | X                |   |   |   |
| 4. Household goods and furnishings, including audio, video, and computer equipment.  |                  | <b>household goods and furnishings, holiday decorations; linens, housewares, small appliances, pots, pans, dishes; tvs, washer, dryer, stove, refrigerator, beds, dressers, night stands, lamps, rugs, tables, chairs, dvd player, couch, sofa, bicycles, garden furniture, household tools, computer; desks; cell phones</b> | J   | <b>2,000.00</b>   |
| 5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.  |                  | <b>books, pictures</b>  | J   | <b>200.00</b>   |
| 6. Wearing apparel.  |                  | <b>necessary wearing apparel, bible, textbooks, family pictures</b>   | J   | <b>1,000.00</b>   |
| 7. Furs and jewelry.   |                  | <b>jewelry: bracelets, earrings, rings,</b>   | W   | <b>500.00</b>   |
|  |                  | <b>jewelry: watch, ring</b>   | H   | <b>200.00</b>   |
| 8. Firearms and sports, photographic, and other hobby equipment.   |                  | <b>firearms: 4 inch 357 smith &amp; wesson</b>  | W   | <b>600.00</b>   |
| 9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.   | X                |   |   |   |
|  |                  |   | Sub-Total ><br>(Total of this page)         | <b>4,565.85</b>   |

3 continuation sheets attached to the Schedule of Personal Property

In re **Marshall L Galbreath,  
Renea M Galbreath**

Case No. \_\_\_\_\_

Debtors

## SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

| Type of Property  | N<br>O<br>N<br>E | Description and Location of Property   | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of<br>Debtor's Interest in Property,<br>without Deducting any<br>Secured Claim or Exemption |
|---|------------------|--|---|---|
| 10. Annuities. Itemize and name each issuer.  | X                |  |   |   |
| 11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).) | X                |  |   |   |
| 12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.   |                  | <b>pension plan</b><br><br><b>401(k)</b>   | W   | <b>0.00</b><br><br><b>3,000.00</b>  |
| 13. Stock and interests in incorporated and unincorporated businesses. Itemize.   | X                |  |   |   |
| 14. Interests in partnerships or joint ventures. Itemize.   | X                |  |   |   |
| 15. Government and corporate bonds and other negotiable and nonnegotiable instruments.  | X                |  |   |   |
| 16. Accounts receivable.  | X                |  |   |   |
| 17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.  | X                |  |   |   |
| 18. Other liquidated debts owed to debtor including tax refunds. Give particulars.  |                  | <b>estimated 2014 US &amp; IL tax refunds</b><br><br><b>estimated 2014 US &amp; IL tax refunds</b> | H<br><br>W                                  | <b>2,000.00</b><br><br><b>0.00</b>  |
| 19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.  | X                |  |   |   |
| 20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.  | X                |  |   |   |
|   |                  |  |   | Sub-Total ><br>(Total of this page)   |
|   |                  |  |   | <b>5,000.00</b>   |

Sheet 1 of 3 continuation sheets attached to the Schedule of Personal Property

In re **Marshall L Galbreath,  
Renea M Galbreath**

Case No. \_\_\_\_\_

Debtors

## SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

| Type of Property  | N<br>O<br>N<br>E | Description and Location of Property                       | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of<br>Debtor's Interest in Property,<br>without Deducting any<br>Secured Claim or Exemption |
|---|------------------|--|---|---|
| 21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.  |                  | <b>worker's compensation claim vs. Cook County pending</b> | W   | <b>Unknown</b>  |
| 22. Patents, copyrights, and other intellectual property. Give particulars.   | X                |  |   |   |
| 23. Licenses, franchises, and other general intangibles. Give particulars.  | X                |  |   |   |
| 24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes. | X                |  |   |   |
| 25. Automobiles, trucks, trailers, and other vehicles and accessories.  |                  | <b>2012 Jeep Liberty (47600 miles)</b>                     | J   | <b>15,475.00</b>  |
|   |                  | <b>2012 Jeep Wrangler (43,450 miles)</b>                   | J   | <b>17,800.00</b>  |
| 26. Boats, motors, and accessories.   | X                |  |   |   |
| 27. Aircraft and accessories.   | X                |  |   |   |
| 28. Office equipment, furnishings, and supplies.  | X                |  |   |   |
| 29. Machinery, fixtures, equipment, and supplies used in business.  | X                |  |   |   |
| 30. Inventory.  | X                |  |   |   |
| 31. Animals.  | X                |  |   |   |
| 32. Crops - growing or harvested. Give particulars.   | X                |  |   |   |
| 33. Farming equipment and implements.   | X                |  |   |   |
| 34. Farm supplies, chemicals, and feed.   | X                |  |   |   |
| Sub-Total ><br>(Total of this page)   |                  |  |   | <b>33,275.00</b>  |

Sheet 2 of 3 continuation sheets attached  
to the Schedule of Personal Property

In re **Marshall L Galbreath,  
Renea M Galbreath**

Case No. \_\_\_\_\_

## Debtors

## **SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

Sheet 3 of 3 continuation sheets attached  
to the Schedule of Personal Property

|                      |                  |
|----------------------|------------------|
| Sub-Total >          | <b>1,200.00</b>  |
| (Total of this page) |                  |
| Total >              | <b>44,040.85</b> |

**(Report also on Summary of Schedules)**

In re **Marshall L Galbreath,  
Renea M Galbreath**

Case No. \_\_\_\_\_

Debtors

## SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:

(Check one box)

- 11 U.S.C. §522(b)(2)
- 11 U.S.C. §522(b)(3)

Check if debtor claims a homestead exemption that exceeds \$155,675. (Amount subject to adjustment on 4/1/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.)

| Description of Property  | Specify Law Providing Each Exemption                           | Value of Claimed Exemption | Current Value of Property Without Deducting Exemption |
|--|--|----------------------------|---|
| <b>Real Property</b>   |  |                            |   |
| single family home, purchased 2008; pp.<br>\$240,000   | 735 ILCS 5/12-901  | 30,000.00                  | 255,000.00  |
| <b>Cash on Hand</b>  |  |                            |   |
| cash on hand   | 735 ILCS 5/12-1001(b)  | 10.00                      | 10.00   |
| <b>Checking, Savings, or Other Financial Accounts, Certificates of Deposit</b>   |  |                            |   |
| savings account at Bank of America   | 735 ILCS 5/12-1001(b)  | 1.00                       | 1.00  |
| checking account at JP Morgan Chase Bank   | 735 ILCS 5/12-1001(b)  | 54.85                      | 54.85   |
| <b>Household Goods and Furnishings</b>   |  |                            |   |
| household goods and furnishings, holiday decorations; linens, housewares, small appliances, pots, pans, dishes; tvs, washer, dryer, stove, refrigerator, beds, dressers, night stands, lamps, rugs, tables, chairs, dvd player, couch, sofa, bicycles, garden furniture, household tools, computer; desks; cell phones | 735 ILCS 5/12-1001(b)  | 2,000.00                   | 2,000.00  |
| <b>Books, Pictures and Other Art Objects; Collectibles</b>   |  |                            |   |
| books, pictures  | 735 ILCS 5/12-1001(b)  | 200.00                     | 200.00  |
| <b>Wearing Apparel</b>   |  |                            |   |
| necessary wearing apparel, bible, textbooks, family pictures   | 735 ILCS 5/12-1001(a)  | 1,000.00                   | 1,000.00  |
| <b>Furs and Jewelry</b>  |  |                            |   |
| jewelry: bracelets, earrings, rings,   | 735 ILCS 5/12-1001(b)  | 500.00                     | 500.00  |
| <b>Firearms and Sports, Photographic and Other Hobby Equipment</b>   |  |                            |   |
| firearms: 4 inch 357 smith & wesson  | 735 ILCS 5/12-1001(b)  | 600.00                     | 600.00  |
| <b>Interests in IRA, ERISA, Keogh, or Other Pension or Profit Sharing Plans</b>  |  |                            |   |
| pension plan   | 40 ILCS 5/7-217, 5/8-244<br>40 ILCS 5/8-244, 5/9-228, 5/14-147 | 100%<br>100%               | 0.00  |
| 401(k)   | 735 ILCS 5/12-1006   | 100%                       | 3,000.00  |
| <b>Other Liquidated Debts Owing Debtor Including Tax Refund</b>  |  |                            |   |
| estimated 2014 US & IL tax refunds   | 735 ILCS 5/12-1001(b)  | 2,000.00                   | 2,000.00  |
| <b>Other Contingent and Unliquidated Claims of Every Nature</b>  |  |                            |   |
| worker's compensation claim vs. Cook County pending  | 820 ILCS 305/21  | 100%                       | Unknown   |
| <b>Automobiles, Trucks, Trailers, and Other Vehicles</b>   |  |                            |   |
| 2012 Jeep Wrangler (43,450 miles)  | 735 ILCS 5/12-1001(c)  | 4,800.00                   | 17,800.00   |

In re **Marshall L Galbreath,  
Renea M Galbreath**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE C - PROPERTY CLAIMED AS EXEMPT**

(Continuation Sheet)

| Description of Property                                       | Specify Law Providing<br>Each Exemption | Value of<br>Claimed<br>Exemption | Current Value of<br>Property Without<br>Deducting Exemption |
|---|---|----------------------------------|---|
| <b>Other Personal Property of Any Kind Not Already Listed</b> |   |                                  |   |
| chefs tools, knives, uniforms; cookbooks                      | 735 ILCS 5/12-1001(d)                   | 1,200.00                         | 1,200.00  |

In re **Marshall L Galbreath,  
Renea M Galbreath**

Case No. \_\_\_\_\_

Debtors

## SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

| CREDITOR'S NAME<br>AND MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.) | C<br>O<br>D<br>E<br>B<br>T<br>O<br>R<br><br>H<br>W<br>J<br>C | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED,<br>NATURE OF LIEN, AND<br>DESCRIPTION AND VALUE<br>OF PROPERTY<br>SUBJECT TO LIEN | C<br>O<br>N<br>T<br>I<br>N<br>G<br>E<br>N<br>T<br><br>U<br>N<br>L<br>I<br>Q<br>U<br>I<br>D<br>A<br>T<br>E<br>D | D<br>I<br>S<br>P<br>U<br>T<br>E<br>D | AMOUNT OF<br>CLAIM<br>WITHOUT<br>DEDUCTING<br>VALUE OF<br>COLLATERAL | UNSECURED<br>PORTION, IF<br>ANY |
|--|--|--|--|--------------------------------------|--|---------------------------------|
| Account No. <b>154918591960</b>  |  | Opened 8/01/12 Last Active 12/22/14<br><br>Purchase Money Security<br><br>2012 Jeep Liberty (47,600 miles)   | J  |                                      | 22,573.00  | 7,098.00                        |
| Value \$ 15,475.00   |  |  |  |                                      |  |                                 |
| Account No. <b>202911979</b>   |  | Opened 3/01/09 Last Active 12/04/14<br><br>First Mortgage<br><br>single family home, purchased 2008;<br>pp. \$240,000                                | W  |                                      | 206,237.00   | 0.00                            |
| Value \$ 255,000.00  |  |  |  |                                      |  |                                 |
| Account No.  |  | Representing:<br><br>Bank of America   |  |                                      | Notice Only  |                                 |
| Bank of America<br>Attn: Correspondence Unit<br>/CA6-919-02-41<br>PO Box 5170<br>Simi Valley, CA 93062           |  | Value \$   |  |                                      |  |                                 |
| Bank of America<br>450 American St<br>Simi Valley, CA 93065  |  |  |  |                                      |  |                                 |
| Account No. <b>867628-582416</b>   |  | single family home, purchased 2008;<br>pp. \$240,000   | J  |                                      | 385.17   | 0.00                            |
| City of Chicago<br>Dept of Revenue-Water Division<br>PO Box 6330<br>Chicago, IL 60680-6330                       |  | Value \$ 255,000.00  |  |                                      |  |                                 |
| 1 continuation sheets attached   |  | Subtotal<br>(Total of this page)   |  |                                      | 229,195.17   | 7,098.00                        |

In re **Marshall L Galbreath,  
Renea M Galbreath**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME<br>AND MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions.) | CODEBTOR<br><br>H<br>W<br>J<br>C | Husband, Wife, Joint, or Community | DATE CLAIM WAS INCURRED,<br>NATURE OF LIEN, AND<br>DESCRIPTION AND VALUE<br>OF PROPERTY<br>SUBJECT TO LIEN  | CONTIN<br>GENT                            | UNLIQ<br>UIDATE<br>D | DISPUTED | AMOUNT OF<br>CLAIM<br>WITHOUT<br>DEDUCTING<br>VALUE OF<br>COLLATERAL | UNSECURED<br>PORTION, IF<br>ANY |
|--|----------------------------------|------------------------------------|---|---|----------------------|----------|--|---------------------------------|
|  |                                  |                                    |   |   |                      |          |  |                                 |
| Account No. <b>68068119963211001</b>   |                                  |                                    | Opened 8/01/12 Last Active 12/20/14<br><br>Purchase Money Security<br><br>2012 Jeep Wrangler (43,450 miles) |   |                      |          |  |                                 |
| Exeter Finance Corp<br>Po Box 166097<br>Irving, TX 75016   | J                                |                                    | Value \$ 17,800.00  |   |                      |          | <b>12,461.00</b>   | <b>0.00</b>                     |
| Account No.  |                                  |                                    |   |   |                      |          |  |                                 |
|  |                                  |                                    | Value \$  |   |                      |          |  |                                 |
| Account No.  |                                  |                                    |   |   |                      |          |  |                                 |
|  |                                  |                                    | Value \$  |   |                      |          |  |                                 |
| Account No.  |                                  |                                    |   |   |                      |          |  |                                 |
|  |                                  |                                    | Value \$  |   |                      |          |  |                                 |
| Account No.  |                                  |                                    |   |   |                      |          |  |                                 |
|  |                                  |                                    | Value \$  |   |                      |          |  |                                 |
| Sheet <b>1</b> of <b>1</b> continuation sheets attached to<br>Schedule of Creditors Holding Secured Claims |                                  |                                    |   | Subtotal<br>(Total of this page)          |                      |          | <b>12,461.00</b>   | <b>0.00</b>                     |
|  |                                  |                                    |   | Total<br>(Report on Summary of Schedules) |                      |          | <b>241,656.17</b>  | <b>7,098.00</b>                 |

In re **Marshall L Galbreath,  
Renea M Galbreath**

Case No. \_\_\_\_\_

Debtors

## SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

### TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

#### Domestic support obligations

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

#### Extensions of credit in an involuntary case

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

#### Wages, salaries, and commissions

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

#### Contributions to employee benefit plans

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

#### Certain farmers and fishermen

Claims of certain farmers and fishermen, up to \$6,150\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

#### Deposits by individuals

Claims of individuals up to \$2,775\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

#### Taxes and certain other debts owed to governmental units

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

#### Commitments to maintain the capital of an insured depository institution

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).

#### Claims for death or personal injury while debtor was intoxicated

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

In re **Marshall L Galbreath,  
Renea M Galbreath**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**  
(Continuation Sheet)

**Domestic Support Obligations**

**TYPE OF PRIORITY**

| CREDITOR'S NAME,<br>AND MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions.) | CODE<br>DEBTOR<br>H<br>W<br>J<br>C | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED<br>AND CONSIDERATION FOR CLAIM | TYPE OF PRIORITY                               |  |                                      |   | AMOUNT NOT<br>ENTITLED TO<br>PRIORITY, IF ANY | AMOUNT<br>ENTITLED TO<br>PRIORITY |  |
|---|------------------------------------|--|--|--|--------------------------------------|---|---|-----------------------------------|--|
|   |                                    |  | C<br>O<br>N<br>T<br>I<br>N<br>G<br>E<br>N<br>T | U<br>N<br>L<br>I<br>Q<br>U<br>I<br>D<br>A<br>T<br>E<br>D | D<br>I<br>S<br>P<br>U<br>T<br>E<br>D | A<br>M<br>O<br>U<br>N<br>T<br>O<br>F<br>C<br>L<br>A<br>I<br>M |   |                                   |  |
| Account No.   |                                    |  |  |  |                                      |   |   |                                   |  |
| Karla Piper<br>Last Known Address:<br>3705 General Taylor St, Apt A<br>New Orleans, LA 70125                | J                                  |  |  |  |                                      |   | 0.00  |                                   |  |
| Account No. 1703100/2014D0520074  |                                    |  |  |  |                                      |   | 0.00  | 0.00                              |  |
| State Disbursement Unit<br>P.O. Box 5400<br>Carol Stream, IL 60197-5400                                     | J                                  |  |  |  |                                      |   | 0.00  | 0.00                              |  |
| Account No.   |                                    |  |  |  |                                      |   |   |                                   |  |
| Account No.   |                                    |  |  |  |                                      |   |   |                                   |  |
| Account No.   |                                    |  |  |  |                                      |   |   |                                   |  |
| Account No.   |                                    |  |  |  |                                      |   |   |                                   |  |
| Subtotal<br>(Total of this page)  |                                    |  |  |  |                                      |   | 0.00  | 0.00                              |  |
| Total<br>(Report on Summary of Schedules)   |                                    |  |  |  |                                      |   | 0.00  | 0.00                              |  |

Sheet 1 of 1 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Priority Claims

In re **Marshall L Galbreath,  
Renea M Galbreath**

Case No.

## Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)   | CODE<br>TO<br>C | Husband, Wife, Joint, or Community |   |   | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|-----------------|------------------------------------|---|---|------------|--------------|----------|-----------------|
|   |                 | H                                  | W | J |            |              |          |                 |
| Account No. <b>261L122223</b>   |                 |                                    |   |   |            |              |          |                 |
| ACL, Inc.<br>8901 W Lincoln Ave<br>West Allis, WI 53227-0901  |                 | J                                  |   |   |            |              |          | 44.46           |
| Account No.   |                 |                                    |   |   |            |              |          |                 |
| ACL, Inc.<br>PO Box 27901<br>Milwaukee, WI 53227  |                 |                                    |   |   |            |              |          | Notice Only     |
| Account No. <b>ACL00649500</b>  |                 |                                    |   |   |            |              |          |                 |
| Advance Case Loans LLC c/o<br>Preferred Capital Funding<br>368 W. Huron Street<br>Suite 4S<br>Chicago, IL 60654 |                 | J                                  |   |   |            |              |          | 29,000.00       |
| Account No. <b>ACL00831200</b>  |                 |                                    |   |   |            |              |          |                 |
| Advance Case Loans LLC c/o<br>Preferred Capital Funding<br>368 W. Huron Street<br>Suite 4S<br>Chicago, IL 60654 |                 | J                                  |   |   |            |              |          | 25,000.00       |

In re **Marshall L Galbreath,  
Renea M Galbreath**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)              | CODE<br>DEBTOR | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT                       | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM    |
|--|----------------|---|----------------------------------|--------------|----------|--------------------|
|  |                |   | H                                | W            | J        |                    |
| Account No. <b>ACL00862700</b>   |                |   |                                  |              |          |                    |
| <b>Advance Case Loans LLC c/o<br/>Preferred Capital Funding<br/>368 W. Huron Street<br/>Suite 4S<br/>Chicago, IL 60654</b> |                | J   |                                  |              |          | <b>16,000.00</b>   |
| Account No. <b>8627493</b>   |                |   |                                  |              |          |                    |
| <b>Adventist Hinsdale Hospital<br/>PO Box 3495<br/>Attn: Patient Financial<br/>Toledo, OH 43607</b>                        |                | W   |                                  |              |          | <b>20.87</b>       |
| Account No.  |                |   |                                  |              |          |                    |
| <b>Adventist Hinsdale Hospital<br/>75 Remittance Drive<br/>Suite 3250<br/>Chicago, IL 60675-3250</b>                       |                | Representing:<br><b>Adventist Hinsdale Hospital</b>   |                                  |              |          | <b>Notice Only</b> |
| Account No. <b>8634577</b>   |                | 12/3/13   |                                  |              |          |                    |
| <b>Adventist Hinsdale Hospital<br/>PO Box 3495<br/>Attn: Patient Financial<br/>Toledo, OH 43607</b>                        |                | W   |                                  |              |          | <b>1,041.31</b>    |
| Account No.  |                |   |                                  |              |          |                    |
| <b>Adventist Hinsdale Hospital<br/>75 Remittance Drive<br/>Suite 3250<br/>Chicago, IL 60675-3250</b>                       |                | Representing:<br><b>Adventist Hinsdale Hospital</b>   |                                  |              |          | <b>Notice Only</b> |
| Sheet no. <b>1</b> of <b>17</b> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims           |                |   | Subtotal<br>(Total of this page) |              |          | <b>17,062.18</b>   |

In re **Marshall L Galbreath,  
Renea M Galbreath**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)    | CODE<br>H<br>W<br>J<br>C | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | AMOUNT OF CLAIM                  |              |                    |
|--|--------------------------|---|----------------------------------|--------------|--------------------|
|  |                          |   | CONTINGENT                       | UNLIQUIDATED | DISPUTED           |
| Account No. <b>556534642</b>   |                          | 7/26/13   |                                  |              | <b>104.15</b>      |
| <b>Advocate Christ Medical Center<br/>PO Box 4256<br/>Attn: Patient Accounts<br/>Carol Stream, IL 60197-4256</b> | J                        | Representing:<br><b>Advocate Christ Medical Center</b>  |                                  |              | <b>Notice Only</b> |
| Account No.  |                          |   |                                  |              |                    |
| <b>Advocate Health Care<br/>dba Advocate Christ Medical Center<br/>PO Box 70508<br/>Chicago, IL 60673-0001</b>   |                          | 7/19/13   |                                  |              | <b>25.00</b>       |
| Account No. <b>1000602941</b>  | J                        |   |                                  |              |                    |
| <b>Advocate Medical Group<br/>701 Lee Street<br/>Des Plaines, IL 60016</b>                                       |                          |   |                                  |              |                    |
| Account No. <b>2097630</b>   | J                        | 4/16/14   |                                  |              |                    |
| <b>Advocate Medical Group<br/>PO Box 92523<br/>Chicago, IL 60675-2523</b>  |                          |   |                                  |              | <b>45.00</b>       |
| Account No. <b>2097630</b>   | W                        | 9/7/14  |                                  |              |                    |
| <b>Advocate Medical Group<br/>701 Lee Street<br/>Des Plaines, IL 60016</b>                                       |                          |   |                                  |              | <b>5.00</b>        |
| Sheet no. <b>2</b> of <b>17</b> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims |                          |   | Subtotal<br>(Total of this page) |              | <b>179.15</b>      |

In re **Marshall L Galbreath,  
Renea M Galbreath**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)    | CODE<br>DEBTOR | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT                       | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM    |
|--|----------------|---|----------------------------------|--------------|----------|--------------------|
|  |                |   | C                                | U            | D        |                    |
| Account No. <b>2097630</b>   | H              | various   |                                  |              |          |                    |
| <b>Advocate Medical Group<br/>701 Lee Street<br/>Des Plaines, IL 60016</b>                                       | J              |   |                                  |              |          | <b>31.00</b>       |
| Account No. <b>1049089551</b>  | W              | Opened 3/01/14<br>Collection Attorney Directv   |                                  |              |          |                    |
| <b>Afni, Inc.<br/>Attention: Bankruptcy<br/>1310 Martin Luther King Dr<br/>Bloomington, IL 61701</b>             |                |   |                                  |              |          | <b>81.92</b>       |
| Account No.  |                |   |                                  |              |          |                    |
| <b>Afni<br/>Po Box 3097<br/>Bloomington, IL 61702</b>  |                | Representing:<br>Afni, Inc.   |                                  |              |          | <b>Notice Only</b> |
| Account No. <b>3499918664871013</b>  | H              | Opened 8/01/11 Last Active 7/24/12<br>Credit Card   |                                  |              |          |                    |
| <b>American Express<br/>Po Box 3001<br/>16 General Warren Blvd<br/>Malvern, PA 19355</b>                         |                |   |                                  |              |          | <b>2,256.00</b>    |
| Account No.  |                |   |                                  |              |          |                    |
| <b>American Express<br/>Po Box 297871<br/>Fort Lauderdale, FL 33329</b>  |                | Representing:<br>American Express   |                                  |              |          | <b>Notice Only</b> |
| Sheet no. <b>3</b> of <b>17</b> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims |                |   | Subtotal<br>(Total of this page) |              |          | <b>2,368.92</b>    |

In re **Marshall L Galbreath,  
Renea M Galbreath**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)    | CODE<br>DEBTOR<br>H<br>W<br>J<br>C | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT                       | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM    |
|--|------------------------------------|---|----------------------------------|--------------|----------|--------------------|
|  |                                    |   |                                  |              |          |                    |
| Account No. <b>12213102473</b>   |                                    |   |                                  |              |          |                    |
| <b>Nationwide Credit, Inc.<br/>2002 Summit Blvd<br/>Suite 600<br/>Atlanta, GA 30319</b>                          |                                    | <b>Representing:<br/>American Express</b>   |                                  |              |          | <b>Notice Only</b> |
| Account No. <b>LY0027</b>  |                                    |   |                                  |              |          |                    |
| <b>Veldos LLC<br/>500 N Franklin Turnpike<br/>Suite 200<br/>Ramsey, NJ 07446</b>                                 |                                    | <b>Representing:<br/>American Express</b>   |                                  |              |          | <b>Notice Only</b> |
| Account No.  | J                                  |   |                                  |              |          |                    |
| <b>American General Life Companies<br/>2727-A Allen Parkway<br/>Houston, TX 77019</b>                            |                                    |   |                                  |              |          | <b>164.08</b>      |
| Account No.  |                                    |   |                                  |              |          |                    |
| <b>American General<br/>Tracey Hinrichs<br/>Suite Q<br/>7182 Liberty Centre Drive<br/>West Chester, OH 45069</b> |                                    | <b>Representing:<br/>American General Life Companies</b>  |                                  |              |          | <b>Notice Only</b> |
| Account No. <b>T9877058709</b>   | H                                  | <b>08 Tcfbank092 00334</b>  |                                  |              |          |                    |
| <b>Ars Inc<br/>14707 E 2nd Ave<br/>Aurora, CO 80011</b>  |                                    |   |                                  |              |          | <b>203.00</b>      |
| Sheet no. <b>4</b> of <b>17</b> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims |                                    |   | Subtotal<br>(Total of this page) |              |          | <b>367.08</b>      |

In re **Marshall L Galbreath,  
Renea M Galbreath**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)    | CODE<br>DEBTOR<br>H<br>W<br>J<br>C | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT                       | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM    |
|--|------------------------------------|---|----------------------------------|--------------|----------|--------------------|
|  |                                    |   |                                  |              |          |                    |
| Account No.  |                                    |   |                                  |              |          |                    |
| <b>TCF Bank<br/>800 Burr Ridge Parkway<br/>Hinsdale, IL 60521</b>  |                                    | Representing:<br><b>Ars Inc</b>   |                                  |              |          | <b>Notice Only</b> |
| Account No. <b>329871</b>  |                                    |   |                                  |              |          |                    |
| <b>ATI Physical Therapy<br/>Attn: Bankruptcy Dept.<br/>790 Remington Blvd<br/>Bolingbrook, IL 60440</b>          |                                    | W   |                                  |              |          | <b>20,000.00</b>   |
| Account No. <b>762109</b>  |                                    |   |                                  |              |          |                    |
| <b>ATI Physical Therapy<br/>Attn: Bankruptcy Dept.<br/>790 Remington Blvd<br/>Bolingbrook, IL 60440</b>          |                                    | W   |                                  |              |          | <b>2,760.44</b>    |
| Account No. <b>xxxx xxxx 8283</b>  |                                    |   |                                  |              |          |                    |
| <b>Bank of America<br/>PO Box 15284<br/>Wilmington, DE 19850</b>   |                                    | W   |                                  |              |          | <b>471.62</b>      |
| Account No.  |                                    |   |                                  |              |          |                    |
| <b>Beckett &amp; Lee LLP<br/>16 General Warren Blvd.<br/>PO Box 3001<br/>Malvern, PA 19355</b>                   |                                    | J   |                                  |              |          | <b>0.00</b>        |
| Sheet no. <b>5</b> of <b>17</b> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims |                                    |   | Subtotal<br>(Total of this page) |              |          | <b>23,232.06</b>   |

In re **Marshall L Galbreath,  
Renea M Galbreath**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)    | CODE<br>DEBTOR | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM    |
|--|----------------|---|------------|--------------|----------|--------------------|
|  |                |   | C          | U            | D        |                    |
| Account No. <b>5178058006941945</b>  | H              | Opened 11/01/11 Last Active 12/19/14<br>Credit Card   |            |              |          | <b>218.00</b>      |
| Capital One, N.a.<br>Capital One Bank (USA) N.A.<br>Po Box 30285<br>Salt Lake City, UT 84130                     | H              | Representing:<br>Capital One, N.a.  |            |              |          | <b>Notice Only</b> |
| Account No.  |                | 10 Peoples Gas Light And Coke 266   |            |              |          | <b>560.00</b>      |
| Cci<br>1835 Central Ave<br>Augusta, GA 30904   | W              | Representing:<br>Cci  |            |              |          | <b>Notice Only</b> |
| Account No.  |                | Representing:<br>Cci  |            |              |          | <b>Notice Only</b> |
| CCI<br>PO Box 212489<br>Augusta, GA 30917-2489   |                | Representing:<br>Cci  |            |              |          | <b>Notice Only</b> |
| Account No. <b>3500050766303</b>   |                | Representing:<br>Cci  |            |              |          | <b>Notice Only</b> |
| Peoples Energy<br>Special Projects<br>130 East Randolph Drive<br>14th Floor<br>Chicago, IL 60601                 |                |   |            |              |          |                    |
| Sheet no. <u>6</u> of <u>17</u> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims |                | Subtotal<br>(Total of this page)  |            |              |          | <b>778.00</b>      |

In re **Marshall L Galbreath,  
Renea M Galbreath**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)   | CODE<br>H<br>W<br>J<br>C | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT                       | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM    |
|---|--------------------------|---|----------------------------------|--------------|----------|--------------------|
|   |                          |   |                                  |              |          |                    |
| Account No.   |                          |   |                                  |              |          |                    |
| <b>Check 'N Go of Illinois, Inc.<br/>c/o CT Corporation<br/>208 S LaSalle Street, Suite 814<br/>Chicago, IL 60604</b>                                 | J                        |   |                                  |              |          | <b>3,100.00</b>    |
| Account No.   |                          |   |                                  |              |          |                    |
| <b>Check 'N Go<br/>3219 W. 115th Street<br/>#5-A<br/>Merrionette Park, IL 60803</b>   |                          | <b>Representing:<br/>Check 'N Go of Illinois, Inc.</b>  |                                  |              |          | <b>Notice Only</b> |
| Account No.   |                          |   |                                  |              |          |                    |
| <b>Great Lakes Specialty Finance, Inc.<br/>dba Check N Go<br/>c/o CT Corporation System<br/>208 S LaSalle Street, Suite 814<br/>Chicago, IL 60604</b> |                          | <b>Representing:<br/>Check 'N Go of Illinois, Inc.</b>  |                                  |              |          | <b>Notice Only</b> |
| Account No. <b>58404A6721</b>   |                          |   |                                  |              |          |                    |
| <b>Chicago Institute for Advanced Surg<br/>PO Box 12081<br/>Belfast, ME 04915-4011</b>  | W                        |   |                                  |              |          | <b>308.60</b>      |
| Account No. <b>8371420029</b>   |                          |   |                                  |              |          |                    |
| <b>ComEd<br/>Po Box 6111<br/>Carol Stream, IL 60197-6111</b>  | W                        |   |                                  |              |          | <b>280.00</b>      |
| Sheet no. <b>7</b> of <b>17</b> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims                                      |                          |   | Subtotal<br>(Total of this page) |              |          | <b>3,688.60</b>    |

In re **Marshall L Galbreath,  
Renea M Galbreath**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)    | CODE<br>H<br>W<br>J<br>C | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT                       | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM    |
|--|--------------------------|---|----------------------------------|--------------|----------|--------------------|
|  |                          |   |                                  |              |          |                    |
| Account No. <b>376638</b>  |                          |   |                                  |              |          |                    |
| Cook County Dept of Revenue<br>118 N Clark Street, Suite 1160<br>Attn: Accounts Receivable<br>Chicago, IL 60602  | J                        |   |                                  |              |          | <b>4,000.00</b>    |
| Account No. <b>376638</b>  |                          |   |                                  |              |          |                    |
| Cook County Dept of Revenue<br>Attn: Accounts Receivable<br>PO Box 641547<br>Chicago, IL 60664-1547              |                          | Representing:<br><b>Cook County Dept of Revenue</b>   |                                  |              |          | <b>Notice Only</b> |
| Account No.  |                          |   |                                  |              |          |                    |
| Directv<br>PO Box 78626<br>Phoenix, AZ 85062-8626  | J                        |   |                                  |              |          | <b>81.92</b>       |
| Account No. <b>115798</b>  |                          |   |                                  |              |          |                    |
| DRS Girgis and Associates<br>908 N Elm Street<br>Suite 306<br>Hinsdale, IL 60521-3625                            | W                        |   |                                  |              |          | <b>653.00</b>      |
| Account No.  |                          |   |                                  |              |          |                    |
| Dr. Girgis & Associates<br>36782 Treasury Center<br>Chicago, IL 60694-6700                                       |                          | Representing:<br><b>DRS Girgis and Associates</b>   |                                  |              |          | <b>Notice Only</b> |
| Sheet no. <b>8</b> of <b>17</b> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims |                          |   | Subtotal<br>(Total of this page) |              |          | <b>4,734.92</b>    |

In re **Marshall L Galbreath,  
Renea M Galbreath**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)    | CODE<br>DEBTOR                   | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | AMOUNT OF CLAIM |                 |               |
|--|----------------------------------|---|-----------------|-----------------|---------------|
|  |                                  |   | CONTINGENT      | UNLIQUIDATED    | DISPUTED      |
| Account No. <b>8338085</b>   |                                  | <b>Med1 02 Lake Anesthesia Associates</b>   |                 |                 | <b>0.00</b>   |
| Eos Cca<br>Po Box 981025<br>Boston, MA 02298   | W                                |   |                 |                 |               |
| Account No. <b>4038281</b>   | J                                |   |                 |                 | <b>58.80</b>  |
| FCI<br>3703 West Lake Avenue<br>Suite 310<br>Glenview, IL 60025  | J                                |   |                 |                 |               |
| Account No. <b>4038281</b>   | J                                |   |                 |                 | <b>599.10</b> |
| FCI<br>3703 West Lake Avenue<br>Suite 310<br>Glenview, IL 60025  | J                                |   |                 |                 |               |
| Account No. <b>xxxx xxxx xxxx 6671</b>   | J                                |   |                 |                 | <b>375.00</b> |
| GE Capital Retail Bank<br>Attn: Bankruptcy Dept.<br>PO Box 103104<br>Roswell, GA 30076                           | J                                |   |                 |                 |               |
| Account No. <b>xxxx xxxx xxxx 97311</b>  | J                                |   |                 |                 | <b>311.00</b> |
| GE Capital Retail Bank/jcp<br>Attn: Bankruptcy Dept.<br>PO Box 965060<br>Orlando, FL 32896-5060                  | J                                |   |                 |                 |               |
| Sheet no. <b>9</b> of <b>17</b> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims | Subtotal<br>(Total of this page) |   |                 | <b>1,343.90</b> |               |

In re **Marshall L Galbreath,  
Renea M Galbreath**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)     | CODE<br>DEBTOR | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT                       | UNLIQUIDATED | DISPUTED        | AMOUNT OF CLAIM    |
|---|----------------|---|----------------------------------|--------------|-----------------|--------------------|
|   |                |   | C                                | U            | D               |                    |
| Account No.   |                |   |                                  |              |                 |                    |
| <b>Advanced Call Center Technologies,<br/>PO Box 9091<br/>Gray, TN 37615-9091</b>                                 |                | <b>Representing:<br/>GE Capital Retail Bank/jcp</b>   |                                  |              |                 | <b>Notice Only</b> |
| Account No. <b>6032201451776663</b>   |                | <b>Opened 2/14/12 Last Active 4/04/14<br/>Charge Account</b>  |                                  |              |                 | <b>735.00</b>      |
| <b>Gemb/walmart<br/>Attn: Bankruptcy<br/>Po Box 103104<br/>Roswell, GA 30076</b>                                  | H              |   |                                  |              |                 |                    |
| Account No.   |                |   |                                  |              |                 |                    |
| <b>Allied Interstate LLC<br/>PO Box 4000<br/>Warrenton, VA 20188</b>  |                | <b>Representing:<br/>Gemb/walmart</b>   |                                  |              |                 | <b>Notice Only</b> |
| Account No.   |                |   |                                  |              |                 |                    |
| <b>Gemb/walmart<br/>Po Box 965024<br/>Orlando, FL 32896</b>   |                | <b>Representing:<br/>Gemb/walmart</b>   |                                  |              |                 | <b>Notice Only</b> |
| Account No. <b>19334663</b>   |                |   |                                  |              |                 | <b>559.56</b>      |
| <b>Harris &amp; Harris, Ltd.<br/>111 West Jackson Blvd. Suite 400<br/>Chicago, IL 60604-4134</b>                  | J              |   |                                  |              |                 |                    |
| Sheet no. <b>10</b> of <b>17</b> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims |                |   | Subtotal<br>(Total of this page) |              | <b>1,294.56</b> |                    |

In re **Marshall L Galbreath,  
Renea M Galbreath**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)     | CODE<br>DEBTOR | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT                       | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM    |
|---|----------------|---|----------------------------------|--------------|----------|--------------------|
|   |                |   | H                                | W            | J        |                    |
| Account No. <b>0000007565</b>   |                |   |                                  |              |          |                    |
| <b>Hinsdale Anesthesia Assoc, Ltd<br/>Dept 77-9131<br/>Chicago, IL 60678-9131</b>                                 |                |   |                                  |              |          | <b>127.50</b>      |
| Account No. <b>IPC3631487</b>   |                |   |                                  |              |          |                    |
| <b>Inpatient Consultants of Illinois<br/>PO Box 92934<br/>Los Angeles, CA 90009</b>                               |                |   |                                  |              |          | <b>31.80</b>       |
| Account No. <b>41271</b>  |                |   |                                  |              |          |                    |
| <b>Jeffrey Kramer, MD SC<br/>PO Box 5184<br/>Skokie, IL 60076-5184</b>  |                |   |                                  |              |          | <b>18.40</b>       |
| Account No.   |                |   |                                  |              |          |                    |
| <b>Mercy Health System<br/>1000 Mineral Point Ave<br/>Janesville, WI 53548</b>                                    |                | <b>Representing:<br/>Jeffrey Kramer, MD SC</b>  |                                  |              |          | <b>Notice Only</b> |
| Account No.   |                |   |                                  |              |          |                    |
| <b>Mercy Physician Billing<br/>Billing Office<br/>35072 Eagle Way<br/>Chicago, IL 60678-1350</b>                  |                | <b>Representing:<br/>Jeffrey Kramer, MD SC</b>  |                                  |              |          | <b>Notice Only</b> |
| Sheet no. <b>11</b> of <b>17</b> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims |                |   | Subtotal<br>(Total of this page) |              |          | <b>177.70</b>      |

In re **Marshall L Galbreath,  
Renea M Galbreath**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)          | CODE<br>DEBTOR | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT                       | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|--|----------------|---|----------------------------------|--------------|----------|-----------------|
|  |                |   |                                  |              |          | 7/21/12         |
| Account No. <b>GALRE000</b>  |                |   |                                  |              |          |                 |
| Lake Anesthesia Associates<br>PO Box 158<br>Flossmoor, IL 60422-2077   | W              |   |                                  |              |          | 65.65           |
| Account No. <b>64310</b>   |                |   |                                  |              |          |                 |
| McGrath Clinic S.C.<br>14400 S. John Humphrey Drive<br>Suite 200<br>Orland Park, IL 60462-2638                         | J              |   |                                  |              |          | 29.30           |
| Account No. <b>43429084</b>  |                | Opened 8/01/14<br>Collection Attorney Mercy Hospital Trinity  |                                  |              |          |                 |
| Medicredit, Inc<br>Po Box 1629<br>Maryland Heights, MO 63043   | W              |   |                                  |              |          | 607.88          |
| Account No. <b>A1401301496</b>   |                |   |                                  |              |          |                 |
| Mercy Hospital & Medical Center<br>2525 S. Michigan Ave.<br>Attention: Patient Financial SVS<br>Chicago, IL 60616-2477 |                | Representing:<br>Medicredit, Inc  |                                  |              |          | Notice Only     |
| Account No. <b>42481330</b>  |                | Opened 7/01/14<br>Collection Attorney Mercy Hospital Trinity  |                                  |              |          |                 |
| Medicredit, Inc<br>Po Box 1629<br>Maryland Heights, MO 63043   | W              |   |                                  |              |          | 137.00          |
| Sheet no. <b>12</b> of <b>17</b> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims      |                |   | Subtotal<br>(Total of this page) |              |          | <b>839.83</b>   |

In re **Marshall L Galbreath,  
Renea M Galbreath**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)                       | CODE<br>DEBTOR<br>H<br>W<br>J<br>C | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT                       | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|------------------------------------|---|----------------------------------|--------------|----------|-----------------|
|   |                                    |   |                                  |              |          |                 |
| Account No. <b>40647388</b><br><br><b>Medicredit, Inc<br/>Po Box 1629<br/>Maryland Heights, MO 63043</b>                            |                                    | Opened 5/01/14<br>Collection Attorney Mercy Hospital Trinity  |                                  |              |          | 74.84           |
| Account No. <b>A1330000159</b><br><br><b>Mercy Hospital &amp; Medical Center<br/>25739 Network Place<br/>Chicago, IL 60673-1257</b> | W                                  | Representing:<br>Medicredit, Inc  |                                  |              |          | Notice Only     |
| Account No. <b>37942624</b><br><br><b>Medicredit, Inc<br/>Po Box 1629<br/>Maryland Heights, MO 63043</b>                            | W                                  | Opened 4/01/14<br>Collection Attorney Mercy Hospital Trinity  |                                  |              |          | 33.07           |
| Account No. <b>22522486</b><br><br><b>Medicredit, Inc.<br/>PO Box 1629<br/>Maryland Heights, MO 63043-0629</b>                      | W                                  |   |                                  |              |          | 137.33          |
| Account No. <b>08-143634075</b><br><br><b>Merchants Credit Guide Co<br/>223 W Jackson Blvd<br/>Suite 700<br/>Chicago, IL 60606</b>  | W                                  | 12/7/13   |                                  |              |          | 1,062.18        |
| Sheet no. <b>13</b> of <b>17</b> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims                   |                                    |   | Subtotal<br>(Total of this page) |              |          | <b>1,307.42</b> |

In re **Marshall L Galbreath,  
Renea M Galbreath**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)                        | CODE<br>DEBTOR | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT                       | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM    |
|--|----------------|---|----------------------------------|--------------|----------|--------------------|
|  |                |   | C                                | U            | D        |                    |
| Account No. <b>8634577</b>   |                |   |                                  |              |          |                    |
| <b>Adventist Hinsdale Hospital<br/>PO Box 3495<br/>Attn: Patient Financial<br/>Toledo, OH 43607</b>                                  |                | <b>Representing:<br/>Merchants Credit Guide Co</b>  |                                  |              |          | <b>Notice Only</b> |
| Account No. <b>A1330101422</b>   |                |   |                                  |              |          |                    |
| <b>Mercy Hospital &amp; Medical Center<br/>2525 S. Michigan Ave.<br/>Attention: Patient Financial SVS<br/>Chicago, IL 60616-2477</b> | J              |   |                                  |              |          | <b>9.96</b>        |
| Account No.  |                |   |                                  |              |          |                    |
| <b>Mercy Hospital &amp; Medical Center<br/>25739 Network Place<br/>Chicago, IL 60673-1257</b>  |                | <b>Representing:<br/>Mercy Hospital &amp; Medical Center</b>  |                                  |              |          | <b>Notice Only</b> |
| Account No.  |                |   |                                  |              |          |                    |
| <b>Mercy Medical Center<br/>Affinity Health System<br/>PO Box 8039<br/>Appleton, WI 54912-8039</b>                                   |                | <b>Representing:<br/>Mercy Hospital &amp; Medical Center</b>  |                                  |              |          | <b>Notice Only</b> |
| Account No. <b>A1327601261</b>   |                |   |                                  |              |          |                    |
| <b>Mercy Hospital &amp; Medical Center<br/>2525 S. Michigan Ave.<br/>Attention: Patient Financial SVS<br/>Chicago, IL 60616-2477</b> | J              |   |                                  |              |          | <b>33.07</b>       |
| Sheet no. <b>14</b> of <b>17</b> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims                    |                |   | Subtotal<br>(Total of this page) |              |          | <b>43.03</b>       |

In re **Marshall L Galbreath,  
Renea M Galbreath**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)     | CODE<br>DEBTOR | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM    |
|---|----------------|---|------------|--------------|----------|--------------------|
|   |                |   | C          | U            | D        |                    |
| Account No. <b>12555-53975711</b>   | H              | 12/12/13 et al  |            |              |          |                    |
| <b>Mercy Physician Billing<br/>Billing Office<br/>35072 Eagle Way<br/>Chicago, IL 60678-1350</b>                  | J              |   |            |              |          | <b>26.50</b>       |
| Account No. <b>342611</b>   | W              |   |            |              |          |                    |
| <b>Naperville Radiologists<br/>6910 S. Madison Street<br/>Willowbrook, IL 60527</b>                               | W              |   |            |              |          | <b>428.00</b>      |
| Account No. <b>15360</b>  | W              |   |            |              |          |                    |
| <b>PD Medical SC OL<br/>4201 West 95th Street<br/>Oak Lawn, IL 60453-2615</b>                                     | W              |   |            |              |          | <b>29.30</b>       |
| Account No. <b>5155990036028805</b>   | H              | Opened 4/01/13<br>Factoring Company Account Hsbc Bank<br>Nevada N.A.  |            |              |          |                    |
| <b>Portfolio Recovery<br/>Attn: Bankruptcy<br/>Po Box 41067<br/>Norfolk, VA 23541</b>                             | H              |   |            |              |          | <b>578.00</b>      |
| Account No.   |                | Representing:<br>Portfolio Recovery   |            |              |          | <b>Notice Only</b> |
| <b>Portfolio Recovery<br/>120 Corporate Blvd<br/>Attn: Bankruptcy<br/>Norfolk, VA 23502</b>                       |                |   |            |              |          |                    |
| Sheet no. <b>15</b> of <b>17</b> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims |                | Subtotal<br>(Total of this page)  |            |              |          | <b>1,061.80</b>    |

In re **Marshall L Galbreath,  
Renea M Galbreath**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)                 | CODE<br>DEBTOR<br>H<br>W<br>J<br>C | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT                       | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|------------------------------------|---|----------------------------------|--------------|----------|-----------------|
|   |                                    |   |                                  |              |          |                 |
| Account No.   |                                    |   |                                  |              |          |                 |
| Portfolio Recovery Associates LLC<br>PO Box 12914<br>Norfolk, VA 23541  |                                    | Representing:<br>Portfolio Recovery   |                                  |              |          | Notice Only     |
| Account No. PRA-14012006  |                                    |   |                                  |              |          |                 |
| Prairie Anesthesia LLC<br>PO Box 4602<br>Dept. 4041<br>Oak Brook, IL 60522  | W                                  |   |                                  |              |          | 96.90           |
| Account No. 0472-0324663-002  |                                    |   |                                  |              |          |                 |
| Radiological Physicians, Ltd.<br>P.O. Box 2150<br>Bedford Park, IL 60499-2150   | W                                  |   |                                  |              |          | 6.30            |
| Account No. 6341078200100   |                                    | 11/14/12  |                                  |              |          |                 |
| Rush University Medical Center<br>c/o Medical Recovery Specialists<br>2250 E Devon Ave<br>Suite 352<br>Des Plaines, IL 60018  | J                                  |   |                                  |              |          | 2,162.50        |
| Account No.   |                                    |   |                                  |              |          |                 |
| Rush University Medical Center<br>Attn: Patient Financial Accounts<br>1700 W Van Buren<br>Suite 161<br>Chicago, IL 60612-3244 |                                    | Representing:<br>Rush University Medical Center   |                                  |              |          | Notice Only     |
| Sheet no. <u>16</u> of <u>17</u> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims             |                                    |   | Subtotal<br>(Total of this page) |              |          | <u>2,265.70</u> |

In re **Marshall L Galbreath,  
Renea M Galbreath**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)     | CODE<br>DEBTOR | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT                                | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM    |
|---|----------------|---|---|--------------|----------|--------------------|
|   |                |   | C   | U            | D        |                    |
| Account No. <b>AE 46378</b>   |                | 1/12/12   |   |              |          |                    |
| <b>Southwest Cardio Consultants Interp<br/>2801 Black Road<br/>Suite A<br/>Joliet, IL 60435-2929</b>              | H              |   |   |              |          | <b>1.40</b>        |
| Account No. <b>786445829-00001</b>  |                |   |   |              |          |                    |
| <b>Verizon<br/>PO Box 25505<br/>Lehigh Valley, PA 18002</b>   | W              |   |   |              |          | <b>320.01</b>      |
| Account No.   |                |   |   |              |          |                    |
| <b>Verizon Wireless<br/>Attn: Correspondence Team<br/>PO Box 5029<br/>Wallingford, CT 06492</b>                   |                | Representing:<br>Verizon  |   |              |          | <b>Notice Only</b> |
| Account No.   |                |   |   |              |          |                    |
| <b>Verizon Wireless Bankruptcy Admin<br/>PO Box 3397<br/>Bloomington, IL 61702</b>                                |                | Representing:<br>Verizon  |   |              |          | <b>Notice Only</b> |
| Account No.   |                |   |   |              |          |                    |
| Sheet no. <b>17</b> of <b>17</b> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims |                |   | Subtotal<br>(Total of this page)          |              |          | <b>321.41</b>      |
|   |                |   | Total<br>(Report on Summary of Schedules) |              |          | <b>115,110.72</b>  |

In re **Marshall L Galbreath,  
Renea M Galbreath**

Case No. \_\_\_\_\_

Debtors

## SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code,  
of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest.  
State whether lease is for nonresidential real property.  
State contract number of any government contract.

**0**

\_\_\_\_\_ continuation sheets attached to Schedule of Executory Contracts and Unexpired Leases

In re **Marshall L Galbreath,  
Renea M Galbreath**

Case No. \_\_\_\_\_

Debtors

## SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR

NAME AND ADDRESS OF CREDITOR

**0**

continuation sheets attached to Schedule of Codebtors

|   |                                    |
|---|------------------------------------|
| Fill in this information to identify your case:                                     |                                    |
| Debtor 1  | <b><u>Marshall L Galbreath</u></b> |
| Debtor 2<br>(Spouse, if filing)   | <b><u>Renea M Galbreath</u></b>    |
| United States Bankruptcy Court for the: <b><u>NORTHERN DISTRICT OF ILLINOIS</u></b> |                                    |
| Case number<br>(If known)   | <hr/>                              |

Check if this is:

- An amended filing
  - A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY

**Official Form B 6I**

## Schedule I: Your Income

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Employment**

- 1. Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

|   |   |
|---|---|
| <b>Debtor 1</b>   | <b>Debtor 2 or non-filing spouse</b>  |
| <input checked="" type="checkbox"/> Employed<br><input type="checkbox"/> Not employed | <input checked="" type="checkbox"/> Employed<br><input type="checkbox"/> Not employed |
| <b>Deputy</b>   | <b>Executive Chef</b>   |
| <b>Cook County Sheriff's Dept.</b>  | <b>A Safe Haven Foundation</b>  |
| <b>50 West Washington<br/>Chicago, IL 60602</b>                                       | <b>2400 Wolf Road<br/>Suite 100<br/>Westchester, IL 60154-5625</b>                    |
| <b>Employed there?</b>  | <b>4.5 years</b>  |
| <b>19 years</b>   |   |

**Part 2: Give Details About Monthly Income**

**Estimate monthly income as of the date you file this form.** If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

|   | <u><b>For Debtor 1</b></u> | <u><b>For Debtor 2 or<br/>non-filing spouse</b></u> |
|---|----------------------------|---|
| 2. <b>List monthly gross wages, salary, and commissions</b> (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. | 2. \$ <u><b>0.00</b></u>   | \$ <u><b>3,333.33</b></u>                           |
| 3. <b>Estimate and list monthly overtime pay.</b>   | 3. +\$ <u><b>0.00</b></u>  | +\$ <u><b>0.00</b></u>                              |
| 4. <b>Calculate gross Income.</b> Add line 2 + line 3.  | 4. \$ <u><b>0.00</b></u>   | \$ <u><b>3,333.33</b></u>                           |

Debtor 1 **Marshall L Galbreath**  
 Debtor 2 **Renea M Galbreath**

Case number (if known)

|    | For Debtor 1   | For Debtor 2 or non-filing spouse |
|----|----------------|-----------------------------------|
| 4. | \$ <u>0.00</u> | \$ <u>3,333.33</u>                |

Copy line 4 here .....

|    |  |                |                    |
|----|--|----------------|--------------------|
| 5. | 5a. <b>Tax, Medicare, and Social Security deductions</b>                   | \$ <u>0.00</u> | \$ <u>0.00</u>     |
|    | 5b. <b>Mandatory contributions for retirement plans</b>                    | \$ <u>0.00</u> | \$ <u>0.00</u>     |
|    | 5c. <b>Voluntary contributions for retirement plans</b>                    | \$ <u>0.00</u> | \$ <u>200.01</u>   |
|    | 5d. <b>Required repayments of retirement fund loans</b>                    | \$ <u>0.00</u> | \$ <u>0.00</u>     |
|    | 5e. <b>Insurance</b>   | \$ <u>0.00</u> | \$ <u>0.00</u>     |
|    | 5f. <b>Domestic support obligations</b>                                    | \$ <u>0.00</u> | \$ <u>715.00</u>   |
|    | 5g. <b>Union dues</b>  | \$ <u>0.00</u> | \$ <u>0.00</u>     |
|    | 5h. <b>Other deductions.</b> Specify: _____                                | \$ <u>0.00</u> | + \$ <u>0.00</u>   |
| 6. | <b>Add the payroll deductions.</b> Add lines 5a+5b+5c+5d+5e+5f+5g+5h.      | \$ <u>0.00</u> | \$ <u>915.01</u>   |
| 7. | <b>Calculate total monthly take-home pay.</b> Subtract line 6 from line 4. | \$ <u>0.00</u> | \$ <u>2,418.32</u> |

|     |   |                |                |
|-----|---|----------------|----------------|
| 8.  | 8a. <b>Net income from rental property and from operating a business, profession, or farm</b>   | \$ <u>0.00</u> | \$ <u>0.00</u> |
|     | Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. |                |                |
| 8b. | <b>Interest and dividends</b>   | \$ <u>0.00</u> | \$ <u>0.00</u> |
| 8c. | <b>Family support payments that you, a non-filing spouse, or a dependent regularly receive</b>  | \$ <u>0.00</u> | \$ <u>0.00</u> |
|     | Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  |                |                |
| 8d. | <b>Unemployment compensation</b>  | \$ <u>0.00</u> | \$ <u>0.00</u> |
| 8e. | <b>Social Security</b>  | \$ <u>0.00</u> | \$ <u>0.00</u> |

|     |  |                    |                  |
|-----|--|--------------------|------------------|
| 8f. | <b>Other government assistance that you regularly receive</b>  | \$ <u>0.00</u>     | \$ <u>0.00</u>   |
|     | Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. |                    |                  |
|     | Specify: _____   |                    |                  |
| 8g. | <b>Pension or retirement income</b>  | \$ <u>0.00</u>     | \$ <u>0.00</u>   |
| 8h. | <b>Other monthly income.</b> Specify: <u>workers compensation</u>  | \$ <u>3,080.56</u> | + \$ <u>0.00</u> |

|     |   |                    |   |
|-----|---|--------------------|---|
| 9.  | <b>Add all other income.</b> Add lines 8a+8b+8c+8d+8e+8f+8g+8h.   | \$ <u>3,080.56</u> | \$ <u>0.00</u>                            |
| 10. | <b>Calculate monthly income.</b> Add line 7 + line 9.<br>Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | \$ <u>3,080.56</u> | + \$ <u>2,418.32</u> = \$ <u>5,498.88</u> |

|     |  |                |
|-----|--|----------------|
| 11. | <b>State all other regular contributions to the expenses that you list in Schedule J.</b>  | \$ <u>0.00</u> |
|     | Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. |                |

|     |  |                         |
|-----|--|-------------------------|
| 12. | <b>Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income.<br>Write that amount on the <i>Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data</i> , if it applies | \$ <u>5,498.88</u>      |
|     |  | Combined monthly income |

|     |  |
|-----|--|
| 13. | <b>Do you expect an increase or decrease within the year after you file this form?</b> |
|     | <input checked="" type="checkbox"/> No.  |
|     | <input type="checkbox"/> Yes. Explain: _____   |

Fill in this information to identify your case:

|   |                                      |
|---|--------------------------------------|
| Debtor 1                                | <b>Marshall L Galbreath</b>          |
| Debtor 2                                | <b>Renea M Galbreath</b>             |
| (Spouse, if filing)                     |                                      |
| United States Bankruptcy Court for the: | <b>NORTHERN DISTRICT OF ILLINOIS</b> |
| Case number<br>(If known)               |                                      |

Check if this is:

- An amended filing  
 A supplement showing post-petition chapter 13 expenses as of the following date:  
 \_\_\_\_\_  
 MM / DD / YYYY  
 A separate filing for Debtor 2 because Debtor 2 maintains a separate household

## Official Form B 6J

### Schedule J: Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

1. Is this a joint case?

- No. Go to line 2.  
 Yes. Does Debtor 2 live in a separate household?

No

Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents?  No

Do not list Debtor 1 and  
Debtor 2.

Yes. Fill out this information for  
each dependent.....

Dependent's relationship to  
Debtor 1 or Debtor 2

Dependent's  
age

Does dependent  
live with you?

**Daughter**

**14**

- No  
 Yes  
 No  
 Yes  
 No  
 Yes  
 No  
 Yes

3. Do your expenses include  
expenses of people other than  
yourself and your dependents?  No  
 Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know  
the value of such assistance and have included it on Schedule I: Your Income  
(Official Form 6I.)

4. The rental or home ownership expenses for your residence. Include first mortgage  
payments and any rent for the ground or lot.

4. \$ **1,590.43**

#### Your expenses

- If not included in line 4:
- 4a. Real estate taxes  
 4b. Property, homeowner's, or renter's insurance  
 4c. Home maintenance, repair, and upkeep expenses  
 4d. Homeowner's association or condominium dues  
 5. Additional mortgage payments for your residence, such as home equity loans

|        |             |
|--------|-------------|
| 4a. \$ | <b>0.00</b> |
| 4b. \$ | <b>0.00</b> |
| 4c. \$ | <b>0.00</b> |
| 4d. \$ | <b>0.00</b> |
| 5. \$  | <b>0.00</b> |

Debtor 1 **Marshall L Galbreath**  
 Debtor 2 **Renea M Galbreath**

Case number (if known) \_\_\_\_\_

**6. Utilities:**

|  |                      |
|--|----------------------|
| 6a. Electricity, heat, natural gas                                 | 6a. \$ <u>400.00</u> |
| 6b. Water, sewer, garbage collection                               | 6b. \$ <u>50.00</u>  |
| 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. \$ <u>325.00</u> |
| 6d. Other. Specify: _____  | 6d. \$ <u>0.00</u>   |

**7. Food and housekeeping supplies**

**8. Childcare and children's education costs**

**9. Clothing, laundry, and dry cleaning**

**10. Personal care products and services**

**11. Medical and dental expenses**

**12. Transportation.** Include gas, maintenance, bus or train fare.

Do not include car payments.

**13. Entertainment, clubs, recreation, newspapers, magazines, and books**

**14. Charitable contributions and religious donations**

**15. Insurance.**

Do not include insurance deducted from your pay or included in lines 4 or 20.

|                                      |                       |
|--------------------------------------|-----------------------|
| 15a. Life insurance                  | 15a. \$ <u>0.00</u>   |
| 15b. Health insurance                | 15b. \$ <u>0.00</u>   |
| 15c. Vehicle insurance               | 15c. \$ <u>243.00</u> |
| 15d. Other insurance. Specify: _____ | 15d. \$ <u>0.00</u>   |

**16. Taxes.** Do not include taxes deducted from your pay or included in lines 4 or 20.

Specify: \_\_\_\_\_

**17. Installment or lease payments:**

|                                 |                       |
|---------------------------------|-----------------------|
| 17a. Car payments for Vehicle 1 | 17a. \$ <u>626.75</u> |
| 17b. Car payments for Vehicle 2 | 17b. \$ <u>386.35</u> |
| 17c. Other. Specify: _____      | 17c. \$ <u>0.00</u>   |
| 17d. Other. Specify: _____      | 17d. \$ <u>0.00</u>   |

**18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).**

**19. Other payments you make to support others who do not live with you.**

Specify: \_\_\_\_\_

**20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.**

|   |                     |
|---|---------------------|
| 20a. Mortgages on other property                  | 20a. \$ <u>0.00</u> |
| 20b. Real estate taxes                            | 20b. \$ <u>0.00</u> |
| 20c. Property, homeowner's, or renter's insurance | 20c. \$ <u>0.00</u> |
| 20d. Maintenance, repair, and upkeep expenses     | 20d. \$ <u>0.00</u> |
| 20e. Homeowner's association or condominium dues  | 20e. \$ <u>0.00</u> |

**21. Other:** Specify: \_\_\_\_\_

**22. Your monthly expenses.** Add lines 4 through 21.

The result is your monthly expenses.

**23. Calculate your monthly net income.**

23a. Copy line 12 (your combined monthly income) from Schedule I.

23b. Copy your monthly expenses from line 22 above.

23a. \$ 5,498.88

23b. -\$ 5,496.53

23c. Subtract your monthly expenses from your monthly income.

The result is your monthly net income.

23c. \$ 2.35

**24. Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

Yes.

Explain: \_\_\_\_\_

**United States Bankruptcy Court**  
**Northern District of Illinois**In re **Marshall L Galbreath**  
**Renea M Galbreath**

Debtor(s)

Case No.

Chapter

7**DECLARATION CONCERNING DEBTOR'S SCHEDULES****DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 37 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date January 31, 2015Signature /s/ Marshall L Galbreath  
**Marshall L Galbreath**  
DebtorDate January 31, 2015Signature /s/ Renea M Galbreath  
**Renea M Galbreath**  
Joint Debtor

*Penalty for making a false statement or concealing property:* Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
18 U.S.C. §§ 152 and 3571.

United States Bankruptcy Court  
Northern District of Illinois

In re **Marshall L Galbreath**  
**Renea M Galbreath**

Case No.  
Chapter

Debtor(s)

7

**STATEMENT OF FINANCIAL AFFAIRS**

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

**DEFINITIONS**

**"In business."** A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

**"Insider."** The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

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**1. Income from employment or operation of business**

- None  State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| AMOUNT             | SOURCE   |
|--------------------|--|
| <b>\$4,615.38</b>  | <b>2014 - wages - husband</b>                      |
| <b>\$3,080.56</b>  | <b>2014 - wages - wife (worker's compensation)</b> |
| <b>\$31,852.00</b> | <b>2013 - wages - husband</b>                      |
| <b>\$52,573.00</b> | <b>2013 - wages - wife (worker's compensation)</b> |
| <b>\$27,756.00</b> | <b>2012 - wages - husband</b>                      |
| <b>\$41,932.00</b> | <b>2012 - wages - wife (worker's compensation)</b> |

B7 (Official Form 7) (04/13)

2

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## 2. Income other than from employment or operation of business

- None  State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| AMOUNT          | SOURCE                               |
|-----------------|--------------------------------------|
| <b>\$374.00</b> | <b>2012 - taxable refunds - wife</b> |
| <b>\$230.00</b> | <b>2013 - taxable refunds - wife</b> |

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## 3. Payments to creditors

- None  Complete a. or b., as appropriate, and c.

- a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS<br>OF CREDITOR   | DATES OF<br>PAYMENTS | AMOUNT PAID     | AMOUNT STILL<br>OWING |
|---|----------------------|-----------------|-----------------------|
| <b>Ally Financial<br/>200 Renaissance Ctr<br/>Detroit, MI 48243</b>   | <b>various</b>       | <b>\$626.00</b> | <b>\$22,573.00</b>    |
| <b>Exeter Finance Corp<br/>Po Box 166097<br/>Irving, TX 75016</b>   | <b>various</b>       | <b>\$386.00</b> | <b>\$12,461.00</b>    |
| <b>Bank of America<br/>Attn: Correspondence Unit<br/>/CA6-919-02-41<br/>PO Box 5170<br/>Simi Valley, CA 93062</b> | <b>various</b>       | <b>\$0.00</b>   | <b>\$206,237.00</b>   |

- None  b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225\*. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF CREDITOR | DATES OF<br>PAYMENTS/<br>TRANSFERS | AMOUNT<br>PAID OR<br>VALUE OF<br>TRANSFERS | AMOUNT STILL<br>OWING |
|------------------------------|------------------------------------|--|-----------------------|
|------------------------------|------------------------------------|--|-----------------------|

- None  c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF CREDITOR AND<br>RELATIONSHIP TO DEBTOR | DATE OF PAYMENT | AMOUNT PAID | AMOUNT STILL<br>OWING |
|--|-----------------|-------------|-----------------------|
|--|-----------------|-------------|-----------------------|

\* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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**4. Suits and administrative proceedings, executions, garnishments and attachments**

- None  a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| CAPTION OF SUIT<br>AND CASE NUMBER                                  | NATURE OF<br>PROCEEDING                    | COURT OR AGENCY<br>AND LOCATION                             | STATUS OR<br>DISPOSITION             |
|---|--|---|--------------------------------------|
| <b>Renae Galbreath v. Cook County<br/>08 WC 35656</b>               | <b>worker's<br/>compensation<br/>claim</b> | <b>Illinois Industrial Commission<br/>Chicago, Illinois</b> | <b>pending</b>                       |
| <b>State of Illinois v. Marshall L Galbreath<br/>2014 D 0520074</b> | <b>child support<br/>collections</b>       | <b>Child Support Enforcement Agency</b>                     | <b>judgment entered<br/>1/6/2015</b> |

- None  b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF PERSON FOR WHOSE<br>BENEFIT PROPERTY WAS SEIZED | DATE OF SEIZURE | DESCRIPTION AND VALUE OF<br>PROPERTY |
|---|-----------------|--------------------------------------|
|---|-----------------|--------------------------------------|

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**5. Repossessions, foreclosures and returns**

- None  a. List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF<br>CREDITOR OR SELLER | DATE OF REPOSSESSION,<br>FORECLOSURE SALE,<br>TRANSFER OR RETURN | DESCRIPTION AND VALUE OF<br>PROPERTY |
|---|--|--------------------------------------|
|---|--|--------------------------------------|

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**6. Assignments and receiverships**

- None  a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF ASSIGNEE | DATE OF<br>ASSIGNMENT | TERMS OF ASSIGNMENT OR SETTLEMENT |
|------------------------------|-----------------------|-----------------------------------|
|------------------------------|-----------------------|-----------------------------------|

- None  b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS<br>OF CUSTODIAN | NAME AND LOCATION<br>OF COURT<br>CASE TITLE & NUMBER | DATE OF<br>ORDER | DESCRIPTION AND VALUE OF<br>PROPERTY |
|----------------------------------|--|------------------|--------------------------------------|
|----------------------------------|--|------------------|--------------------------------------|

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**7. Gifts**

- None  List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF<br>PERSON OR ORGANIZATION | RELATIONSHIP TO<br>DEBTOR, IF ANY | DATE OF GIFT | DESCRIPTION AND<br>VALUE OF GIFT |
|---|-----------------------------------|--------------|----------------------------------|
|---|-----------------------------------|--------------|----------------------------------|

#### 8. Losses

- None  List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case.** (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| DESCRIPTION AND VALUE<br>OF PROPERTY | DESCRIPTION OF CIRCUMSTANCES AND, IF<br>LOSS WAS COVERED IN WHOLE OR IN PART<br>BY INSURANCE, GIVE PARTICULARS | DATE OF LOSS |
|--------------------------------------|--|--------------|
|--------------------------------------|--|--------------|

#### 9. Payments related to debt counseling or bankruptcy

- None  List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

| NAME AND ADDRESS<br>OF PAYEE   | DATE OF PAYMENT,<br>NAME OF PAYER IF OTHER<br>THAN DEBTOR | AMOUNT OF MONEY<br>OR DESCRIPTION AND VALUE<br>OF PROPERTY                      |
|--|---|---|
| Lorraine M. Greenberg<br>150 North Michigan Avenue<br>Suite 800<br>Chicago, IL 60601 | various   | \$335 for court costs; \$1,000.00<br>for attorneys fees; \$100.00 to<br>be paid |

#### 10. Other transfers

- None  a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF TRANSFeree,<br>RELATIONSHIP TO DEBTOR | DATE | DESCRIBE PROPERTY TRANSFERRED<br>AND VALUE RECEIVED  |
|---|------|--|
|   |      | b. List all property transferred by the debtor within <b>ten years</b> immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary. |

  

| NAME OF TRUST OR OTHER<br>DEVICE | DATE(S) OF<br>TRANSFER(S) | AMOUNT OF MONEY OR DESCRIPTION AND<br>VALUE OF PROPERTY OR DEBTOR'S INTEREST<br>IN PROPERTY |
|----------------------------------|---------------------------|---|
|----------------------------------|---------------------------|---|

#### 11. Closed financial accounts

- None  List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF INSTITUTION | TYPE OF ACCOUNT, LAST FOUR<br>DIGITS OF ACCOUNT NUMBER,<br>AND AMOUNT OF FINAL BALANCE | AMOUNT AND DATE OF SALE<br>OR CLOSING |
|---------------------------------|--|---------------------------------------|
|---------------------------------|--|---------------------------------------|

**12. Safe deposit boxes**

None

- List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY | NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY | DESCRIPTION OF CONTENTS | DATE OF TRANSFER OR SURRENDER, IF ANY |
|--|---|-------------------------|---------------------------------------|
|--|---|-------------------------|---------------------------------------|

**13. Setoffs**

None

- List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF CREDITOR | DATE OF SETOFF | AMOUNT OF SETOFF |
|------------------------------|----------------|------------------|
|------------------------------|----------------|------------------|

**14. Property held for another person**

None

- List all property owned by another person that the debtor holds or controls.

| NAME AND ADDRESS OF OWNER                 | DESCRIPTION AND VALUE OF PROPERTY                      | LOCATION OF PROPERTY      |
|---|--|---------------------------|
| <b>Beverly Preston</b><br><b>Gary, IN</b> | <b>household goods and furnishings</b><br><b>\$500</b> | <b>Debtor's Residence</b> |

**15. Prior address of debtor**

None

- If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

| ADDRESS | NAME USED | DATES OF OCCUPANCY |
|---------|-----------|--------------------|
|---------|-----------|--------------------|

**16. Spouses and Former Spouses**

None

- If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

**17. Environmental Information.**

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None

- a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

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| SITE NAME AND ADDRESS                 | NAME AND ADDRESS OF GOVERNMENTAL UNIT  | DATE OF NOTICE        | ENVIRONMENTAL LAW |
|---------------------------------------|--|-----------------------|-------------------|
| None                                  | b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.   |                       |                   |
| SITE NAME AND ADDRESS                 | NAME AND ADDRESS OF GOVERNMENTAL UNIT  | DATE OF NOTICE        | ENVIRONMENTAL LAW |
| None                                  | c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number. |                       |                   |
| NAME AND ADDRESS OF GOVERNMENTAL UNIT | DOCKET NUMBER  | STATUS OR DISPOSITION |                   |

**18 . Nature, location and name of business**

- None
- a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.
- If the debtor is a partnership*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.
- If the debtor is a corporation*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

| NAME | LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO.<br>(ITIN)/ COMPLETE EIN                                       | ADDRESS | NATURE OF BUSINESS | BEGINNING AND ENDING DATES |
|------|---|---------|--------------------|----------------------------|
| None | b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101. |         |                    |                            |
| NAME | ADDRESS   |         |                    |                            |

**DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date January 31, 2015

Signature /s/ Marshall L Galbreath  
**Marshall L Galbreath**  
Debtor

Date January 31, 2015

Signature /s/ Renea M Galbreath  
**Renea M Galbreath**  
Joint Debtor

*Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571*

**United States Bankruptcy Court  
Northern District of Illinois**

In re **Marshall L Galbreath  
Renea M Galbreath**

Case No.

Chapter

7

Debtor(s)

**CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION**

**PART A - Debts secured by property of the estate.** (Part A must be fully completed for **EACH** debt which is secured by property of the estate. Attach additional pages if necessary.)

|  |   |
|--|---|
| Property No. 1   |   |
| <b>Creditor's Name:</b><br><b>Ally Financial</b>   | <b>Describe Property Securing Debt:</b><br><b>2012 Jeep Liberty (47,600 miles)</b>                  |
| Property will be (check one):<br><input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained   |   |
| If retaining the property, I intend to (check at least one):<br><input type="checkbox"/> Redeem the property<br><input checked="" type="checkbox"/> Reaffirm the debt<br><input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)).   |   |
| Property is (check one):<br><input checked="" type="checkbox"/> Claimed as Exempt <input type="checkbox"/> Not claimed as exempt   |   |
| Property No. 2   |   |
| <b>Creditor's Name:</b><br><b>Bank of America</b>  | <b>Describe Property Securing Debt:</b><br><b>single family home, purchased 2008; pp. \$240,000</b> |
| Property will be (check one):<br><input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained   |   |
| If retaining the property, I intend to (check at least one):<br><input type="checkbox"/> Redeem the property<br><input type="checkbox"/> Reaffirm the debt<br><input checked="" type="checkbox"/> Other. Explain <u>Debtors to continue making monthly payments pursuant to Note</u> (for example, avoid lien using 11 U.S.C. § 522(f)). |   |
| Property is (check one):<br><input checked="" type="checkbox"/> Claimed as Exempt <input type="checkbox"/> Not claimed as exempt   |   |

|   |  |
|---|--|
| Property No. 3  |  |
| Creditor's Name:<br><b>City of Chicago</b>  | Describe Property Securing Debt:<br><b>single family home, purchased 2008; pp. \$240,000</b> |
| Property will be (check one):<br><input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained  |  |
| If retaining the property, I intend to (check at least one):<br><input type="checkbox"/> Redeem the property<br><input type="checkbox"/> Reaffirm the debt<br><input checked="" type="checkbox"/> Other. Explain <b>Debtors to continue making regular monthly payments</b> (for example, avoid lien using 11 U.S.C. § 522(f)). |  |
| Property is (check one):<br><input checked="" type="checkbox"/> Claimed as Exempt <input type="checkbox"/> Not claimed as exempt  |  |
| Property No. 4  |  |
| Creditor's Name:<br><b>Exeter Finance Corp</b>  | Describe Property Securing Debt:<br><b>2012 Jeep Wrangler (43,450 miles)</b>                 |
| Property will be (check one):<br><input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained  |  |
| If retaining the property, I intend to (check at least one):<br><input type="checkbox"/> Redeem the property<br><input checked="" type="checkbox"/> Reaffirm the debt<br><input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)).  |  |
| Property is (check one):<br><input checked="" type="checkbox"/> Claimed as Exempt <input type="checkbox"/> Not claimed as exempt  |  |

**PART B - Personal property subject to unexpired leases.** (All three columns of Part B must be completed for each unexpired lease. Attach additional pages if necessary.)

|                                 |                           |   |
|---------------------------------|---------------------------|---|
| Property No. 1                  |                           |   |
| Lessor's Name:<br><b>-NONE-</b> | Describe Leased Property: | Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2):<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |

I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.

Date January 31, 2015

Signature /s/ Marshall L Galbreath  
**Marshall L Galbreath**  
Debtor

Date January 31, 2015

Signature /s/ Renea M Galbreath  
**Renea M Galbreath**  
Joint Debtor

United States Bankruptcy Court  
Northern District of Illinois

In re Marshall L Galbreath  
Renea M Galbreath

Case No.  
Chapter 7

Debtor(s)

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

|   |                    |
|---|--------------------|
| For legal services, I have agreed to accept .....           | \$ <u>1,100.00</u> |
| Prior to the filing of this statement I have received ..... | \$ <u>1,000.00</u> |
| Balance Due .....   | \$ <u>100.00</u>   |

2. \$ 335.00 of the filing fee has been paid.

3. The source of the compensation paid to me was:

Debtor       Other (specify):

4. The source of compensation to be paid to me is:

Debtor       Other (specify):

5.  I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

**Exemption planning; discussion of bankruptcy and nonbankruptcy options and likely consequences of each option; preparation of documents necessary to file case and obtain relief; discussion of the options and risks with respect to proposed reaffirmation agreements; attendance at Section 341 Meeting; filing of mandatory debtor education certificate of completion;**

7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

**Representation of the debtors in any dischargeability actions; relief from stay actions; any adversary proceeding; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods, preparation and filing of motion to reopen case; preparation and filing of motion to avoid judicial lien, unless otherwise compensated.**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: January 31, 2015

/s/ Lorraine M. Greenberg

Lorraine M. Greenberg 3129023  
Lorraine M. Greenberg  
150 N. Michigan Avenue  
Suite 800  
Chicago, IL 60601  
312-588-3330 Fax: 312-264-5620  
lgreenberg@greenberglaw.net

**AGREEMENT TO RETAIN COUNSEL – CHAPTER 7**

The undersigned hereby retains as my Attorney, LORRAINE M. GREENBERG and such other attorneys as may be employed by her and I hereby give permission to Lorraine M. Greenberg to hire other attorneys as co-counsel and to represent me, and to use administrative assistants of her choosing in the following legal matter:

HP CHAPTER 7, Attorneys fees of \$ 1,100<sup>00</sup> for attorneys fees PLUS \$335.00 for court costs.

**PLUS** An additional \$25 - 50 approximately for each credit counseling session (two are required) (I pay this directly to an approved credit counseling agency. Ms. Greenberg will provide me with information regarding agency)

**PLUS** An additional \$225.00 for each Trustee hearing that I fail to attend.

**PLUS** An additional fee billed at \$275.00 per hour for the defense of an adversary proceeding (\$2,500.00 minimum retainer)

**PLUS** An additional \$ 100.00 fee + \$30.00 court costs to add creditors after case is filed.

**PLUS** An additional \$ 450.00 fees to prepare and present either a Motion for Redemption, a Motion to Avoid Lien or Motion to Reopen Case (plus court costs to reopen the case of \$260.00), all of which must be paid in full before Attorney Greenberg will prepare and present any of these Motions.

By signing below I authorize Ms. Greenberg to deposit all funds received for attorneys fees to be deposited into her operations account immediately and to use the funds immediately as her own funds, as an advance payment retainer. I also authorize her to deposit all funds into her Client funds account and immediately transfer the lump sum attorneys fees agreed to above to her operations account. I understand that all money paid for work performed and earned is **NON-REFUNDABLE**. In every case, the initial retainer of **\$500.00 is non-refundable**. This is a minimum charge. It covers our fees and costs for opening a file on your behalf and inputting your information into our computer system. If Client chooses not to proceed with the Chapter 7 for any reason, any fees earned for work performed or for costs expended before the case has been filed are non-refundable. I understand that attorney services may be billed at the rate of \$275.00 per hour and paralegal services up to \$100.00 per hour.

I have been told that both a chapter 7 and Chapter 13 are proceedings under the U.S. Bankruptcy Code, and that they both affect my credit rating. My attorney has advised me that the decision to file either type of bankruptcy must be carefully considered, and that the decision is mine alone. My attorney has explained both Chapter 13 and Chapter 7 to me and by signing below I acknowledge having been given a copy of each of the Disclosure Forms and the Bankruptcy Information Sheet.

I understand that all of the fees and costs must be paid in full before my case will be fully prepared and filed with the Court, unless otherwise agreed to by Lorraine M. Greenberg. I understand that I will not have the Court's protection from my creditors until the fees and costs have been paid in full, unless otherwise agreed to in writing by Lorraine M. Greenberg and myself.

I have not been made any promises or guarantees other than that my attorneys will represent me in strict compliance with the law, and to the best of their ability and knowledge. I promise to tell my attorneys and the Court the full truth and to cooperate fully with my attorneys in this legal matter, and that if I do not, I agree that my attorney may discontinue representing me.

By signing below, I authorize my attorneys and their staff to file all necessary documents and schedules electronically with the Court and to fax or mail or email copies of pages from my Bankruptcy Petition and Schedules as well as the Notice of Bankruptcy Filing to my Employer, or any other entities my attorneys deem necessary. I also authorize my attorneys to contact whomever is necessary to obtain documentation to support my testimony as to my assets , liabilities, and income, including my present or past employer and the Internal Revenue Service. I further authorize my attorney to use email as a means of communication between myself and/or my creditors and employer.

I understand that it is my responsibility alone to obtain a Certificate of Completion from a credit counseling agency approved by the U.S. Trustee and to have it faxed to my attorneys at (312)264-5620 or delivered in person or emailed to my attorney at [lgreenberg@greenberglaw.net](mailto:lgreenberg@greenberglaw.net) and that my attorneys cannot file my case until a certificate is received. I have also been told that I must complete a second credit management training program after my case is filed in order to obtain a discharge of my debts.

By signing below, I acknowledge that I have been informed of any potential conflict of interest that my attorneys may have and that I waive any such conflict without further notice. I agree to pay all reasonable and necessary attorneys fees and costs incurred by Ms. Greenberg in the collection of any amounts due under this contract.

I have read this agreement and fully understand it and herewith acknowledge receipt of a copy. I acknowledge that this agreement is the only agreement relating to attorneys fees that I have signed.

M. J. Sulprauth  
Debtor  
Agreed To: Lorraine M. Greenberg  
Lorraine M. Greenberg

Bevera Halbreath  
Joint Debtor

**UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS**

**NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b)  
OF THE BANKRUPTCY CODE**

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

**1. Services Available from Credit Counseling Agencies**

**With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis.** The briefing must be given within 180 days before the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

**In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge.** The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

**2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors**

**Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total Fee \$335)**

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

**Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total Fee \$310)**

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the

**Bankruptcy Code.**

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

**Chapter 11: Reorganization (\$1,167 filing fee, \$550 administrative fee: Total Fee \$1,717)**

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

**Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total Fee \$275)**

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

**3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials**

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at [http://www.uscourts.gov/bkforms/bankruptcy\\_forms.html#procedure](http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure).

B 201B (Form 201B) (12/09)

**United States Bankruptcy Court  
Northern District of Illinois**

In re Marshall L Galbreath  
Renea M Galbreath \_\_\_\_\_ Case No. \_\_\_\_\_  
Debtor(s) Chapter 7 \_\_\_\_\_

**CERTIFICATION OF NOTICE TO CONSUMER DEBTOR(S)  
UNDER § 342(b) OF THE BANKRUPTCY CODE**

**Certification of Debtor**

I (We), the debtor(s), affirm that I (we) have received and read the attached notice, as required by § 342(b) of the Bankruptcy Code.

Marshall L Galbreath  
Renea M Galbreath \_\_\_\_\_  
Printed Name(s) of Debtor(s)

Case No. (if known) \_\_\_\_\_

|   |                         |
|---|-------------------------|
| <input checked="" type="checkbox"/> <u>/s/ Marshall L Galbreath</u> | <u>January 31, 2015</u> |
| Signature of Debtor   | Date                    |
| <input checked="" type="checkbox"/> <u>/s/ Renea M Galbreath</u>    | <u>January 31, 2015</u> |
| Signature of Joint Debtor (if any)                                  | Date                    |

---

**Instructions:** Attach a copy of Form B 201 A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

**United States Bankruptcy Court  
Northern District of Illinois**

In re **Marshall L Galbreath  
Renea M Galbreath**

Debtor(s)

Case No.

Chapter

**7**

**VERIFICATION OF CREDITOR MATRIX**

Number of Creditors: **79**

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: **January 31, 2015**

**/s/ Marshall L Galbreath**

**Marshall L Galbreath**

Signature of Debtor

Date: **January 31, 2015**

**/s/ Renea M Galbreath**

**Renea M Galbreath**

Signature of Debtor

ACL, Inc.  
8901 W Lincoln Ave  
West Allis, WI 53227-0901

ACL, Inc.  
PO Box 27901  
Milwaukee, WI 53227

Advance Case Loans LLC c/o  
Preferred Capital Funding  
368 W. Huron Street  
Suite 4S  
Chicago, IL 60654

Advanced Call Center Technologies,  
PO Box 9091  
Gray, TN 37615-9091

Adventist Hinsdale Hospital  
PO Box 3495  
Attn: Patient Financial  
Toledo, OH 43607

Adventist Hinsdale Hospital  
75 Remittance Drive  
Suite 3250  
Chicago, IL 60675-3250

Advocate Christ Medical Center  
PO Box 4256  
Attn: Patient Accounts  
Carol Stream, IL 60197-4256

Advocate Health Care  
dba Advocate Christ Medical Center  
PO Box 70508  
Chicago, IL 60673-0001

Advocate Medical Group  
701 Lee Street  
Des Plaines, IL 60016

Advocate Medical Group  
PO Box 92523  
Chicago, IL 60675-2523

Afni  
Po Box 3097  
Bloomington, IL 61702

Afni, Inc.  
Attention: Bankruptcy  
1310 Martin Luther King Dr  
Bloomington, IL 61701

Allied Interstate LLC  
PO Box 4000  
Warrenton, VA 20188

Ally Financial  
200 Renaissance Ctr  
Detroit, MI 48243

American Express  
Po Box 3001  
16 General Warren Blvd  
Malvern, PA 19355

American Express  
Po Box 297871  
Fort Lauderdale, FL 33329

American General  
Tracey Hinrichs  
Suite Q  
7182 Liberty Centre Drive  
West Chester, OH 45069

American General Life Companies  
2727-A Allen Parkway  
Houston, TX 77019

Ars Inc  
14707 E 2nd Ave  
Aurora, CO 80011

ATI Physical Therapy  
Attn: Bankruptcy Dept.  
790 Remington Blvd  
Bolingbrook, IL 60440

Bank of America  
Attn: Correspondence Unit  
/CA6-919-02-41  
PO Box 5170  
Simi Valley, CA 93062

Bank of America  
PO Box 15284  
Wilmington, DE 19850

Bank of America  
450 American St  
Simi Valley, CA 93065

Beckett & Lee LLP  
16 General Warren Blvd.  
PO Box 3001  
Malvern, PA 19355

Capital One, N.a.  
Capital One Bank (USA) N.A.  
Po Box 30285  
Salt Lake City, UT 84130

Capital One, N.a.  
Po Box 85520  
Richmond, VA 23285

Cci  
1835 Central Ave  
Augusta, GA 30904

CCI  
PO Box 212489  
Augusta, GA 30917-2489

Check 'N Go  
3219 W. 115th Street  
#5-A  
Merrionette Park, IL 60803

Check 'N Go of Illinois, Inc.  
c/o CT Corporation  
208 S LaSalle Street, Suite 814  
Chicago, IL 60604

Chicago Institute for Advanced Surg  
PO Box 12081  
Belfast, ME 04915-4011

City of Chicago  
Dept of Revenue-Water Division  
PO Box 6330  
Chicago, IL 60680-6330

ComEd  
Po Box 6111  
Carol Stream, IL 60197-6111

Cook County Dept of Revenue  
118 N Clark Street, Suite 1160  
Attn: Accounts Receivable  
Chicago, IL 60602

Cook County Dept of Revenue  
Attn: Accounts Receivable  
PO Box 641547  
Chicago, IL 60664-1547

Directv  
PO Box 78626  
Phoenix, AZ 85062-8626

Dr. Girgis & Associates  
36782 Treasury Center  
Chicago, IL 60694-6700

DRS Girgis and Associates  
908 N Elm Street  
Suite 306  
Hinsdale, IL 60521-3625

Eos Cca  
Po Box 981025  
Boston, MA 02298

Exeter Finance Corp  
Po Box 166097  
Irving, TX 75016

FCI  
3703 West Lake Avenue  
Suite 310  
Glenview, IL 60025

GE Capital Retail Bank  
Attn: Bankruptcy Dept.  
PO Box 103104  
Roswell, GA 30076

GE Capital Retail Bank/jcp  
Attn: Bankruptcy Dept.  
PO Box 965060  
Orlando, FL 32896-5060

Gemb/walmart  
Attn: Bankruptcy  
Po Box 103104  
Roswell, GA 30076

Gemb/walmart  
Po Box 965024  
Orlando, FL 32896

Great Lakes Specialty Finance, Inc.  
dba Check N Go  
c/o CT Corporation System  
208 S LaSalle Street, Suite 814  
Chicago, IL 60604

Harris & Harris, Ltd.  
111 West Jackson Blvd. Suite 400  
Chicago, IL 60604-4134

Hinsdale Anesthesia Assoc, Ltd  
Dept 77-9131  
Chicago, IL 60678-9131

Inpatient Consultants of Illinois  
PO Box 92934  
Los Angeles, CA 90009

Jeffrey Kramer, MD SC  
PO Box 5184  
Skokie, IL 60076-5184

Karla Piper  
Last Known Address:  
3705 General Taylor St, Apt A  
New Orleans, LA 70125

Lake Anesthesia Associates  
PO Box 158  
Flossmoor, IL 60422-2077

McGrath Clinic S.C.  
14400 S. John Humphrey Drive  
Suite 200  
Orland Park, IL 60462-2638

Medicredit, Inc  
Po Box 1629  
Maryland Heights, MO 63043

Medicredit, Inc.  
PO Box 1629  
Maryland Heights, MO 63043-0629

MERCHANTS CREDIT GUIDE CO  
223 W JACKSON BLVD  
SUITE 700  
CHICAGO, IL 60606

Mercy Health System  
1000 Mineral Point Ave  
Janesville, WI 53548

Mercy Hospital & Medical Center  
2525 S. Michigan Ave.  
Attention: Patient Financial SVS  
Chicago, IL 60616-2477

Mercy Hospital & Medical Center  
25739 Network Place  
Chicago, IL 60673-1257

Mercy Medical Center  
Affinity Health System  
PO Box 8039  
Appleton, WI 54912-8039

Mercy Physician Billing  
Billing Office  
35072 Eagle Way  
Chicago, IL 60678-1350

Naperville Radiologists  
6910 S. Madison Street  
Willowbrook, IL 60527

Nationwide Credit, Inc.  
2002 Summit Blvd  
Suite 600  
Atlanta, GA 30319

PD Medical SC OL  
4201 West 95th Street  
Oak Lawn, IL 60453-2615

Peoples Energy  
Special Projects  
130 East Randolph Drive  
14th Floor  
Chicago, IL 60601

Portfolio Recovery  
Attn: Bankruptcy  
Po Box 41067  
Norfolk, VA 23541

Portfolio Recovery  
120 Corporate Blvd  
Attn: Bankruptcy  
Norfolk, VA 23502

Portfolio Recovery Associates LLC  
PO Box 12914  
Norfolk, VA 23541

Prairie Anesthesia LLC  
PO Box 4602  
Dept. 4041  
Oak Brook, IL 60522

Radiological Physicians, Ltd.  
P.O. Box 2150  
Bedford Park, IL 60499-2150

Rush University Medical Center  
c/o Medical Recovery Specialists  
2250 E Devon Ave  
Suite 352  
Des Plaines, IL 60018

Rush University Medical Center  
Attn: Patient Financial Accounts  
1700 W Van Buren  
Suite 161  
Chicago, IL 60612-3244

Southwest Cardio Consultants Interp  
2801 Black Road  
Suite A  
Joliet, IL 60435-2929

State Disbursement Unit  
P.O. Box 5400  
Carol Stream, IL 60197-5400

TCF Bank  
800 Burr Ridge Parkway  
Hinsdale, IL 60521

Veldos LLC  
500 N Franklin Turnpike  
Suite 200  
Ramsey, NJ 07446

Verizon  
PO Box 25505  
Lehigh Valley, PA 18002

Verizon Wireless  
Attn: Correspondence Team  
PO Box 5029  
Wallingford, CT 06492

Verizon Wireless Bankruptcy Admin  
PO Box 3397  
Bloomington, IL 61702